

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

e-Child Care Project
Feasibility Study

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

This report presents the results of a feasibility study pertaining to the development and implementation of a new integrated e-Child Care system. This project was undertaken by the Department of Social and Health Services (DSHS) Economic Services Administration (ESA) Division of Child Care and Early Learning (DCCEL), ESA Information Technology Division (ITD) and, Community Services Division (CSD) in an effort to address administrative and service delivery needs of program participants and service providers.

A. OBJECTIVE

This report documents the compelling business reasons for developing and implementing an e-Child Care system. The primary objective of this phase of the e-Child Care Project is to determine whether a new system will substantially improve the productivity, responsiveness, and quality of child care services, administration, and service delivery. Specifically, the Feasibility Study should accomplish the following objectives:

- Determine the needs for a new e-Child Care system.
- Assess the available alternatives for meeting defined needs.
- Select the most viable approach for meeting needs.
- Assuming a new system is viable, define the system architecture that the new system should employ based on available resources.
- Determine the costs and benefits of a new system.
- Given time and budget constraints, determine the best implementation approach.
- The proposed technology should conform to the DSHS IT Strategic Plan, DSHS's Enterprise Architecture principles, ESA's System Integration Principle, and state IT policies and standards.

The Feasibility Study assesses program needs; provides an alternative analysis (to assist in determining the most appropriate approach), proposed solution, and system architecture; evaluates costs, benefits, and risks; and describes a project implementation plan.

B. NEEDS ASSESSMENT

The identified program-related needs can be effectively addressed through the implementation of a new integrated e-Child Care system. The Needs Assessment section in this report (Section II)

summarizes the major program needs and describes the problems to be overcome by the new system or opportunities for improvement. This needs assessment outlines the requirements for each stakeholder group and highlights the opportunities to meet these diverse needs. The six major stakeholders include:

- Children and Families.
- Child Care Providers.
- Early Learning Professionals and Support Agencies.
- Licensing Staff.
- Community Service Office (CSO) Authorizing Workers (AWs).
- Quality Assurance (QA).

Needs were identified by relating four critical success factors (CSFs) to each of the major stakeholders' current environments to determine whether business improvement opportunities exist. The following CSFs describe the business aspects that can be improved and ultimately result in a more efficient and effective child care delivery system:

- *Improve Service Delivery Processes* – Activities that support improvement in work efficiency and effectiveness.
- *Enhance Health and Safety for Children in Child Care* – Activities that result in a safer and healthier child care environment in the state of Washington.
- *Improve Program Integrity and Accountability* – Activities that ensure that state resources are used wisely and appropriately.
- *Enhance Program Information and Intelligence* – Activities that provide insight into program effectiveness and provide information needed to enhance services.

Specific needs identified are listed below.

- The automated system must provide families and other stakeholders with timely, accurate, and streamlined responses to requests for information concerning subsidized child care services, provider history/capabilities, and eligibility.
- The automated system must provide an easy, standardized attendance-keeping mechanism for providers.
- Child care providers need better access to training, scholarships, accreditation, and other program information.

- Child care providers need efficient, timely, and accurate payments.
- All system stakeholders require accurate and timely information regarding policy and procedure information.
- Licensing Staff need improved methods for tracking complaints, sanctions, and regulatory violations.
- Licensing Staff require improved methods for conducting and recording results of monitoring visits.
- CSO AWs need the means to easily correlate and reconcile authorizations and associated payments with attendance.
- CSO AWs need improved access to information about clients, providers, and services.
- The automated system must provide a more efficient method for collecting mandatory reporting data that is simple to operate.
- The automated system must provide the capability to share information between groups, yet it must ensure that confidentiality restrictions are not violated.
- Any automated system that is implemented must provide flexibility which will enable users with different technical capabilities and diverse information systems to access a common information resource.
- The automated system must provide enhanced service management components as well as meet mandatory reporting needs.

These needs were used to determine the viability of the alternative system development approaches.

C. ALTERNATIVE EVALUATION

The purpose of this alternative evaluation is to determine the best approach for designing, developing, and implementing a new child care system for the state of Washington based on the needs identified above. The Alternative Evaluation section of the feasibility study contains:

- A set of possible strategies (alternatives) for achieving the goals of the e-Child Care Project.
- A set of criteria for evaluating each of the strategies or alternatives.
- The model that will provide a framework and promote a discussion of the alternatives and a thorough examination of the strengths and shortcomings of each approach.
- The evaluation of the alternatives.

- An evaluation summary.
- The proposed solution.

The feasibility study identified several approaches to meeting the needs of DSHS relative to an e-Child Care system, including the following five alternatives:

1. Buy an Integrated Child Care Information System
2. Transfer and Modify an Integrated Child Care Information System From Another State
3. Build a Custom Integrated Child Care Information System
4. Enhance Existing Systems Over Time to Provide Needed Functionality for an Integrated Child Care Information System
5. Maintain the Status Quo

Once the above options were fully evaluated, a sixth option was identified – Create a Hybrid Solution for an Integrated Child Care Information System. This option was developed as a result of the analysis of the previously described alternatives. Because it was deemed that none of the original alternatives fully meet the evaluation criteria, the project team created a hybrid solution intended to leverage, where reasonable and the ESA Integration Principle deems possible, existing DSHS systems and acquiring and integrating the other needed functionalities. Unlike the previous options, this option considers each functionality individually and seeks the best possible solution (i.e., leverage current DSHS system or buy and integrate) for each function. This option would reduce the risks inherent in the other options, and it meets the criteria to conform with the ESA Integration Principle completely, unlike any other option.

D. SYSTEM APPROACH

Through the analysis of several potential implementation approaches, a hybrid system utilizing some existing systems and purchasing some components was determined to be the most appropriate.¹ This solution will leverage the existing ESA and DSHS technology environment and will enable e-Child Care to implement a feature-rich system² based on defined business requirements. Access to the new system will be provided over the Internet with the use of browsers (e.g., Microsoft Internet

¹ See Section V – Alternative Evaluation for a discussion of the alternative implementation approaches that were evaluated and the criteria used to evaluate each.

² Section VI – System Architecture details the proposed system's high-level architecture, as well as the data and functional models.

Explorer), and security will be provided through the use of firewalls. All relevant stakeholders will be able to access the system in a secure environment using the state network.

This approach has several related benefits to e-Child Care. Data sharing will be possible, which will have positive impacts on data collection and reporting efforts. This approach also conforms to the ESA integration principle by reducing data redundancy and resources and will utilize existing infrastructure (software and hardware). This principle is valued for its contribution to the ESA strategic integration plan, the efficiencies in staff and resources that integration brings, as well as the effectiveness, flexibility, and reduced maintenance costs of integrated systems. Version control will also be facilitated, since the core application and database will reside in a centralized location. Further, the system will be expandable, allowing e-Child Care to incorporate future enhancements and modifications. Finally, this approach will not demand substantial additional end-user support, with the majority of system maintenance functions being performed by ESA IT staff.

E. COST-BENEFIT ANALYSIS

The Cost-Benefit Analysis section (Section X) discusses the costs and benefits associated with the recommended approach. The new system will offer tangible and intangible benefits, as described below. Development costs will include those expenditures incurred during design, development, and implementation of the data system. Ongoing costs will be recurring operations expenditures that the division will incur as a result of the new system.

1. Benefits

The new data system will have many positive effects to the program. Outlined below are the tangible and intangible benefits that e-Child Care could realize as a result of this project.

■ Tangible Benefits

These are benefits that can be directly measured in terms of cost reductions or cost avoidance. The benefits are based on the elimination of many of the payment errors currently plaguing DCCEL. Specifically, the tangible benefits identify overpayments resulting from duplicate payments for child care services; the implementation of a new e-Child Care system would minimize these overpayments. The tangible benefits associated with this approach are estimated to be \$199,664 per month or \$2,395,965 annually.

■ Intangible Benefits

Several intangible benefits are associated with the approach described in Section VIII. These include:

- » Improved data sharing, communications, and coordination.
- » A more healthy and safe environment for program participants.
- » Improved information access for families, providers, AWs, licensers, etc.
- » Improved service management.
- » Improved data integrity and quality.
- » Improved work flow management.
- » New ability to track the effectiveness (outcomes) associated with child care participants.

All of these benefits will directly affect families, providers, and other identified system stakeholders. It is likely that other benefits will be experienced after the system is implemented.

2. Costs

Costs associated with the e-Child Care Project can be categorized in two ways. First, the system will require design, development, and implementation costs. These expenditures represent onetime project costs. Second, the system will incur ongoing operating costs for maintenance and support of the system.

■ Onetime Costs

Implementing the e-Child Care project will require investments in both personnel and infrastructure. The table below summarizes the estimated onetime project costs.

Salaries and Benefits	\$1,489,520
Professional Services	3,615,000
Hardware	421,500
Software	354,600
SSPS Interim Payment Solution	329,500
Travel	<u>25,000</u>
TOTAL	<u>\$6,235,120</u>

■ Operating Costs

Once the system is implemented, ongoing operating costs associated with the new system will be incurred. These costs amount to approximately \$885,235 per year. The following table summarizes the estimated annual operating costs for operating the new system:

Professional Services	\$ 30,000
Hardware	195,975
Software	39,460
Travel	15,000
State Project Salaries/Benefits	<u>604,800</u>
TOTAL	<u>\$885,235</u>

F. COST-BENEFIT ANALYSIS AND RETURN ON INVESTMENT MODEL

The estimated onetime cost of completing the e-Child Care project is \$6,235,120, spread over three state fiscal years. In addition, as shown above, there are anticipated ongoing costs of \$885,235 for technical support staff and hardware, software, and network maintenance, as well as ongoing travel and administrative tasks.

These maintenance expenses are scheduled to start in state fiscal year 2007. For the purposes of developing a net present value (NPV) for the project, we have assumed that ongoing costs will escalate at a rate of 2.5 percent per year, starting in state fiscal year 2007.

As described above, the estimated monetary benefits associated with implementing an e-Child Care system is \$199,664 per month or \$2,395,965 annually starting in state fiscal year 2007. For the purposes of calculating the NPV of the initiative, the estimated benefits were calculated at 75 percent of the total estimated tangible benefit, or \$1,796,974.

APPENDIX X-A summarizes the onetime and ongoing costs and estimated benefits for each state fiscal year. The estimated annual net savings (benefits less costs) are calculated and are discounted using a 6.5 percent cost of capital. Using this method, over a 10-year planning horizon, the project provides an NPV of \$3,386,734. The initiative has a less than 3-year payback period after implementation of the third phase, as the cost of the project will be offset by the discounted net savings in state fiscal year 2012.

G. PROJECT RISKS AND GAPS

1. Risks

Some of the major obstacles to be overcome to ensure the success of this initiative are listed below.

- Project planning.
 - » Project estimates.
 - » Monitoring and control.
 - » Project oversight.
- Project resources.
 - » Funding.
 - » Staffing.
- Functional risks.
 - » Privacy.
 - » User acceptance.
 - » Reliance on Internet for mission critical functions.
- Organizational risks.
 - » Integration of multiple program elements.
 - » Technical support availability.
 - » Integration into existing ESA/DSHS systems (e.g., new payment system).
- Stakeholders.
 - » Stakeholders' support for the system.
 - » Local acceptance.
- Project schedule.
 - » Phased project schedule.
 - » Schedule tracking and control.

All of these risks pose a threat to the success of this project. In order to control these risks, mitigation procedures will be developed and managed.

2. Risk Mitigation

Several mitigation strategies can be employed to reduce the risk of project difficulties. The following can help prevent problems from occurring:

- Conduct a competitive procurement that results in a qualified project manager and contractors to design, develop, and implement the new system.
- Adjust the project schedule to match the required work.
- Develop a comprehensive change management and communications strategy to address and manage user expectations and communication of project details.
- Gain advance support from key stakeholders.
- Manage project scope and user expectations.
- Build contingency into the project plan and budget.

These activities will help to mitigate the existing risks of the project. Prevention of scope creep and user rejection will help ensure that a project that stays within budget and meets critical milestones.

H. COMPREHENSIVE PROJECT PLAN

Effective project management is essential for a successful implementation of the new e-Child Care system. To this end, an organizational structure will be established that facilitates communication within the project and between the Steering Committee, State Project Manager, QA/Technical Consultant, and Implementation Project Manager. Further, an achievable project work plan will be created in order to ensure a successful system implementation.

1. Project Organization

The project team will consist of managers and staff from DSHS, as well as oversight and implementation contractors. Communications will be structured to ensure that project issues are evaluated at the appropriate decision-making level as quickly and effectively as possible. Risk management and QA strategies will be in place and will be used to ensure a successful project. Section VIII further elaborates on the proposed project organization, as well as the accompanying communications and QA strategies.

2. Project Plan

The e-Child Care Project is divided into four phases. The table below summarizes these phases and the approximate dates associated with key milestones for each. A more detailed project work plan is provided in Section VIII.

Phase	Date
Acquisition Phase	September 2005 Through March 2006
Phase 1 – Subsidy Functionality Design, Development, Implementation	July 2006 Through September 2007
Phase 2 – Licensing Functionality Design, Development, Implementation	February 2007 Through March 2008
Phase 3 – Quality Initiatives Functionality Design, Development, Implementation	August 2007 Through November 2008
Phase 4 – Ongoing System Maintenance and Change Management	November 2008 Through March 2009

It is essential that a successful bridge be established to the next phase of the project to ensure complete knowledge transfer to the Implementation Contractor.

I. RECOMMENDATION

The e-Child Care system is feasible within the following guidelines:

- The most appropriate approach is to use a hybrid approach that utilizes existing systems, shares functionality with other programs (e.g., payment subsystem), and procures some new components.
- An Internet browser-based system is most viable.
- The project schedule should be updated upon selection of an implementation vendor to ensure that proposed dates, resources, and task expectations are realistic.
- The contracting process must produce a viable, qualified system implementation contractor.
- A QA contractor who understands the goals of the e-Child Care system and has previous social services/child care system implementation experience is desirable.

Using these guidelines will produce a system that improves operational efficiencies and program operations. Further, it will serve as the foundation for future enhancements that will lead to more uses for the system.

I. BACKGROUND ANALYSIS

I. BACKGROUND ANALYSIS

This section provides background material related to the State of Washington Department of Social and Health Services (DSHS) Division of Child Care and Early Learning (DCCEL) feasibility study, needs analysis, and system planning project. This baseline information is essential for developing a detailed system plan that will meet DCCEL's needs and that can be implemented within budget and time constraints. This baseline describes DCCEL in terms of governance, related agencies, services provided, and funding sources. It also describes the current technology environment of DCCEL as well as the external environments that affect how child care services are delivered. Specific topics covered are:

- *Program Organization* – The current organizational environment and stakeholders that direct, coordinate, and deliver child care services.
- *Funding Sources* – The range of funding sources applied to providing child care and early learning programs and services.
- *State And Federal Mandates* – The legislation that funds or governs child care services in the state of Washington.
- *Federal Law* – The pertinent federal regulations, initiatives, and mandates.
- *Core Business Processes* – The services provided by DCCEL in terms of an operational framework. These processes involve the essential business functionality performed by DCCEL, at an operational level.
- *Technology Environment* – The range of state information systems and stored data used to support child care services.

This baseline information was collected from a wide range of stakeholders involved in diverse aspects of providing child care services throughout Washington.

- APPENDIX I-A shows the current organizational structure of DSHS.
- APPENDIX II-A recaps the stakeholders interviewed during the data collection process.
- APPENDIX II-B lists the stakeholders involved in the focus groups and their functional areas.

A. PROGRAM ORGANIZATION

Providing child care services in the State of Washington requires coordination by advisory committees, state agencies, child care service providers, contractors, and other stakeholders. The five stakeholder groups and their roles include:

- *Policy and Advisory* – Establish policies, priorities, and direction.
- *Child Care Programs Administered by DSHS* – Support high-quality child care for the diverse children and families of Washington State.
- *Internal Child Care and Early Learning Stakeholders* – Coordinate DSHS child care services.
- *External Child Care and Early Learning Stakeholders* – Promote and support safe, accessible, high-quality child care for all Washington families.
- *Child Care Providers* – About 9,000 of Washington State’s licensed child care centers and homes provide child care for approximately 170,000 children.

1. Policy and Advisory

Below is a brief description of the organizations that affect child care policy.

■ Economic Services Administration (ESA)

The primary governance for the largest child care subsidy program in the State of Washington is within ESA. ESA enforces financial and medical child support obligations and provides economic help to families with low income, children, and pregnant women, as well as people with disabilities, older adults, refugees, and immigrants. Within ESA, the Division of Child Care and Early Learning (DCCEL) administers the Working Connections Child Care (WCCC) program. In fiscal year 2003, WCCC provided child care subsidy payments to families in excess of \$280 million. DCCEL develops regulations and performs licensing functions that maintain the quality of child care services.

■ Head Start State Collaboration Office

This program is supported by federal funds administered through DCCEL and was created to assure a visible presence for Head Start and to support development of multi-agency and public/private partnerships at the state level. These partnerships enhance the capacity of Head Start and other early childhood programs in order to improve outcomes for children and families. The objectives of the Head Start State Collaboration Office are to:

- » Help build early childhood systems and enhance access to comprehensive services and support for all children with low income.
- » Encourage widespread collaboration between Head Start and other appropriate programs, services, and initiatives.
- » Facilitate the involvement of Head Start in state policies, plans, processes, and decisions affecting Head Start target populations and other families with low income.

■ Leadership Council for Quality Care and Education

Created by the legislature in 1988 (RCW 74.13.0901), the members represent the early care and education system and advise the legislature and state agencies on improving the availability, affordability, and quality of programs serving children and youth in Washington State. The committee's work is conducted in five broad-based subcommittees:

- » Promoting.
- » Coordinating and Connecting.
- » Quality.
- » Planning and Finance.
- » Governance.

■ Family Policy Council (FPC)

Established by law in 1992 (RCW 70.190), the FPC of Washington State is charged with making systemic changes to improve outcomes for children and families. One of the council's main activities is working with the state's Community Public Health and Safety Networks. These networks are community-based volunteer boards, developed to give local communities more autonomy and the resources to help improve the lives of their children and families. They also provide policy recommendations to improve state and local systems serving children and families.

The FPC's goal is to improve the responsiveness of services for children and families at risk by facilitating greater coordination and flexibility of funds used by state and local service agencies. The following FPC members oversee community health and safety networks as well as monitor the implementation of programs:

- » Secretary – DSHS.
- » Office of the Superintendent of Public Instruction (OSPI).
- » Commissioner of Employment Security Department.

- » Secretary – Department of Health.
- » Director – Department of Community, Trade, and Economic Development (CTED).
- » Governor’s Executive Policy Advisor.
- » Legislative caucuses.

2. Child Care Programs Administered by DSHS¹

The following DSHS administrations and divisions are responsible for child care programs.

■ Economic Services Administration (ESA)

The Division of Child Care and Early Learning (DCCEL) has a mission to support seamless, coordinated, and high-quality child care for the diverse children and families of Washington State. DCCEL consists of a headquarters office, three regional offices, and various local offices.

DCCEL administers the following child care programs:

- » *Working Connections Child Care (WCCC)* – Each month WCCC assists about 38,000 families in attaining affordable child care for about 65,000 children. Families with incomes at or below 200 percent of the Federal Poverty Level (FPL) and who are employed or involved in WorkFirst activities, such as approved job search, training, or work programs and receiving Temporary Assistance to Needy Families (TANF) are eligible. Eligibility is determined by staff in the Community Services Division (CSD) of ESA.
 - *Program Initiatives Unit* – This unit coordinates the funds distributed for quality improvement programs for the child care system with community partners. Two examples of the types of programs this unit organizes are:
 - » *Seasonal Child Care for Agricultural Workers* – Eligibility is intended for parents employed as seasonal agricultural workers whose annual income must be at least 50 percent from agricultural employment and at or below 200 percent of the FPL. Eligibility is determined by staff in the community-based organizations.
 - » *Homeless Child Care* – Eligibility is intended for families who are homeless and are not receiving other subsidized child care. Community board organizations work directly with families.

¹ APPENDIX I-A shows the current organizational structure of DSHS.

■ Children's Administration (CA)

The Division of Children and Family Services (DCFS) works with children and their families to identify their needs and develop a plan for services designed to reduce the risk of abuse, prevent out-of-home placement, and ensure safety and permanency for children in care.

- » *Adoption Child Care* – Eligibility is intended for qualified adoptive families to assist with employment-related child care expenses.
- » *Child Protective Services (CPS)/Child Welfare Services (CWS) Child Care* – Eligibility is intended for at-risk families, with incomes at or below 200 percent of the FPL, as part of a DCFS case plan for families receiving CPS or CWS services.
- » *Employed Foster Parent Child Care* – Eligibility is intended for child care for foster children of foster parents who are employed (100 percent subsidized).
- » *Medicaid Treatment Child Care (MTCC)* – The MTCC program provides medically necessary psycho-social services to young children at risk of child abuse and neglect. The program serves only children and families referred by a DCFS CPS or CWS social worker and who have an open CWS or CPS case. Children must be age birth to 71 months to be eligible.

■ Health and Rehabilitative Services Administration (HRSA)

The Division of Alcohol and Substance Abuse (DASA) and Division of Vocational Rehabilitation (DVR) administer the following programs:

- » *DASA Child Care* – Eligibility is intended for parents participating in certified DASA treatment programs.
- » *DVR Child Care* – Eligibility is intended for individuals with disabilities who are eligible through DVR to prepare for, get, and keep jobs.

■ Medical Assistance Administration (MAA)

The goal of MAA is to maximize opportunities for people with low income to obtain appropriate, high-quality health services. Many services are provided to infants and their families through medical coupons, WorkFirst, and TANF. MAA administers the First Steps Child Care Program for pregnant and parenting women.

- » *First Steps Child Care Program* – Eligibility is intended for pregnant/parenting women receiving Medicaid benefits to attend medical appointments.

3. Internal Child Care and Early Learning Stakeholders

A number of internal stakeholders are involved in facilitating, funding, or providing child care services. Below is a brief description of these stakeholders and the roles they perform related to providing child care services.

■ DCCEL Quality Assurance and Training Unit (QA)

DCCEL QA has goals that include reducing the number of errors in authorizing subsidy payments, working toward consistency in licensing practices, and creating a comprehensive approach to staff development. The unit's mission is to analyze, recommend, and develop systems to improve child care subsidy and licensing programs.

■ Community Services Division (CSD)

As a part of ESA, a portion of the CSD staff is responsible for the direct delivery of WCCC benefits to families. The direct line staff, or authorizing workers (AWs), are located throughout the state at Community Service Offices (CSOs) and deliver benefits via a Customer Service Center (CSC) environment. All WCCC families use the CSC to apply for child care benefits over the telephone, via mail/fax, and to a limited degree via the Web and in person.

■ Division of Management and Operation Support (DMOS)

The DMOS Office of Quality Assurance (QA) conducts federally mandated reviews of federal food stamp cases (active as well as denied or terminated cases) and conducts federally mandated Management Evaluations of CSOs statewide. DMOS QA also operates its own system to provide program oversight and determine how well programs are administered at the state and local level. In this role, DMOS has audited licensed family child care homes to assist DSHS management in determining potential problems or billing issues (e.g., overpayments) that may exist.

■ Human Resources

As a part of the Office of the Secretary, Human Resources is responsible for governance of the Background Check Central Unit (BCCU). A significant number of background checks are required for licensed child care providers and their staff, as well as for exempt in-home/relative providers for the WCCC program.

■ Information Technology Division (ITD)

ITD provides a central focus to ESA's information technology applications. ITD leverages new and existing technologies to enhance customer service and create operational efficiencies that allow staff to assist clients with their financial, medical, and self-sufficiency needs. ITD specifically supports many of the technologies that child care staff use daily including Working Connections Automated Program (WCAP), Automated Client Eligibility System (ACES), BarCode, and Trac-It.

4. External Child Care and Early Learning Stakeholders

Below is a brief description of external stakeholders and the roles they perform related to facilitating, funding, or providing child care services.

■ Department of Community, Trade and Economic Development (CTED)

This department strives to ensure a sustainable and prosperous future for Washington State citizens (<http://www.cted.wa.gov>). CTED has two divisions that are facilitating, funding, and providing child care services:

- » *Community Services Division* – This division administers the Early Childhood Education and Assistance Program (ECEAP). ECEAP is a community-based, family-focused, comprehensive, prekindergarten program that focuses on helping 3- and 4-year-olds prepare for and succeed in school, while assisting their parents toward self-sufficiency. Local contractors operate ECEAP programs to provide preschool programs offering early education and development and health and nutrition services, and provide family support services.
- » *Economic Development Division* – This division provides infrastructure support intended to promote family-friendly work environments. The Child Care Partnership provides a collaborative forum for business, labor, the child care community, and the state to support work/family programs. The Child Care Facility Fund provides loans and grants for creating or expanding child care centers and administers the Child Care Micro Loan Program to make small low-interest loans to providers.

■ Office of the Superintendent of Public Instruction (OSPI)

This office administers the Child and Adult Care Food Program (CACFP), which provides federal funds to nonresidential child and adult care facilities to serve nutritious meals and snacks. Eligible programs include nonresidential, licensed, public or private, nonprofit child care centers or family day care homes. Eligible participants, among others, include infants

and children through the age of 12 and children of migrant workers 15 years of age and under.

■ Washington State Child Care Resource and Referral (CCR&R) Network

The Washington State CCR&R Network consists of 18 community-based, private, nonprofit CCR&R agencies across Washington State. They offer client education, training, and technical assistance to parents, child care providers, employers, and the community. The CCR&R programs serve four fundamental roles: parent information and referral, caregiver support, community building and education, as well as data and research.

■ Washington Association for the Education of Young Children (WAEYC)

The association is contracted through DCCEL to manage the State Training and Registry System (STARS). STARS offers a career development system for early childhood education professionals. It includes trainer/training approval, a registry system, and scholarships. Child care professionals with information listed in STARS can access it via the Web.

5. Child Care Providers

The state of Washington has statutory responsibility for regulating child care facilities for all children in “out of home care,” as well as administering programs that provide financial assistance/subsidies for access to child care to families with low income. Four primary types of child care settings are regulated by the state:

■ Center-Based Child Care

Children are cared for in group settings. Centers may provide care for children of varying ages. Centers can be located in specially built facilities, offices, schools, or churches. All child care centers, except for part-day preschool and those under other government jurisdiction, are required to be licensed by the state.

■ Family Home Child Care

Children are cared for by a provider in the provider’s home. Homes may provide for children of varying ages. State licensing is required for all homes.

■ In-Home/Relative

Children in this setting are cared for by a relative or a person such as a close friend or neighbor. This care is exempt from licensing, but a formal criminal background check is required if the provider gets paid by a parent using a state subsidy program. In addition, the parent must attest that the provider meets certain health and safety standards.

■ School-Age Child Care

School-age children are cared for in a facility other than a private residence when school is not in session. The program must meet department licensing requirements and provide adult-supervised care and a variety of developmentally appropriate activities.

B. FUNDING SOURCES

The state receives funding for child care through the Federal Block Grants under 45 Code of Federal Regulations (CFR), Parts 98 and 99, the Child Care Development Fund (CCDF), and state monies (RCW 74.13.0903). The following summarizes the major funding sources available for child care and early learning:

■ The Child Care Development Fund (CCDF)

CCDF was authorized under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA).

- » CCDF includes reinvested TANF welfare savings and the Social Services Block Grant. Under the CCDF Block Grant, states can spend funds for a broad array of child care programs as long as they comply with federal guidelines that limit subsidies to families with lower incomes, allow parental choice, and promote health and safety.
- » A minimum of 4 percent of CCDF funds must be used to improve the quality of child care and offer additional services to parents, such as resource and referral counseling regarding the selection of appropriate child care providers to meet their child's needs. To improve the health and safety factors related to available child care, many states have provided training, grants, and loans to providers; improved monitoring; compensation projects; and other innovative programs. Tribes may use a portion of their funds to construct child care facilities provided there is no reduction in the current level of child care services. In addition, tribal families are "dual eligible" for subsidies and benefits provided by both the tribe and the state.

- Child and Adult Care Food Program (CACFP)

CACFP funds reimburse nonprofit and limited for-profit licensed child care providers, including Head Start and Early Childhood Education Assistance Program (ECEAP) for the cost of meals and snacks, as well as nutrition education. Funding is through the United States Department of Agriculture.

- Head Start

This is a comprehensive, preschool, early childhood development program for children in families with low incomes. Head Start funds are not administered by the state but flow directly to community-based grantees. Funding comes from the U.S. Department of Health and Human Services.

C. STATE AND FEDERAL MANDATES

Washington's largest child care subsidy program is known as Working Connections Child Care (WCCC). WCCC eligibility is intended for families with incomes at or below 200 percent of the Federal Poverty Level (FPL). Eligible families are those who are employed or involved in WorkFirst activities, such as approved job search, training, or work programs and receiving TANF.

WCCC currently operates and receives funding through the Federal Block Grant – 45 CFR Parts 98 and 99, the Child Care Development Fund (CCDF), 45 CFR Part 260, TANF, and state funding. Annual expenditures in fiscal year 2003 for WCCC were over \$280 million, which were funded through these various funding mechanisms. The following are the state regulations that govern child care in Washington:

- Washington's Child Care Licensing Statutes (Chapter 388-295 Washington Administrative Code [WAC]: Minimum Licensing Requirements for Child Care Centers, Chapter 388-155 WAC: Child Care Business Regulations for Family Home Child Care, Chapter 388-296 WAC: School Age Child Care Center Minimum Licensing Requirements)

Washington's child care licensing and certification regulations are based on the licensing statute enacted by the legislature, which directs DSHS to develop regulations, respond to policy clarifications from field staff on a day-to-day basis, interpret regulations, and develop new policy according to federal, state, or DSHS mandates.

- WCCC (Chapter 388-290 WAC)

This chapter describes the purpose of the WCCC subsidy program and mission.

■ DSHS Final Adopted Rule for Access to Information

This rule mandates the confidentiality standards for access to information for individuals, clients, families, etc. It states that employees shall not disclose the information unless a specific exception to the presumption of confidentiality applies or the disclosure is authorized by the client, a court, or as otherwise authorized by law or rule.

D. FEDERAL LAW

This subsection details pertinent federal laws that govern child care, including licensing and subsidies.

■ The Family Support Act of 1988

This act modified requirements for the provision of services for families receiving assistance through the Aid to Families with Dependent Children (AFDC) program (now TANF).

- » Access to a child care subsidy for AFDC families was established as an entitlement under Title IV-A of the Social Security Act. This act strengthened the ability to serve all children in families with lower incomes in a seamless subsidy system. At the same time, it increased the reporting requirements for families receiving AFDC benefits that were also receiving a child care subsidy. Federal Title IV-A and IV-A At-Risk funds were the primary federal funding sources for the subsidy program.

■ The Omnibus Budget Reconciliation Act of 1990

This act created the Administration for Children and Families and established the Child Care and Development Block Grant (CCDBG). All child care funding is now combined under the CCDBG.

- » Federal funds administered by the Administration for Children and Families were specifically targeted to enhance access to child care for families with lower incomes who may not be receiving AFDC (now TANF) benefits. Quality enhancement funds that had to be targeted at increasing the capacity and quality of the child care system were included.

■ The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA)

The PRWORA significantly changed the federal welfare assistance program. From a child care perspective, it integrated the federal child care assistance under Title IV-A, IV-A At-Risk, and Transitional Child Care into a single block grant combined with the Child Care Discretionary Grant under the CCDBG. Child care subsidies as an entitlement for AFDC (now TANF) families were eliminated. All federal child care funding was moved into a single block grant to states referred to as the Child Care Development Fund (CCDF). Federal reporting requirements for all families being served in the subsidy program, not only TANF clients, increased.

- » At the same time, quality requirements were enhanced, including basic health and safety requirements for providers serving families eligible for a child care subsidy. The CCDF is intended to assist families with lower incomes, families receiving TANF, and those transitioning from TANF in obtaining quality child care so they can work or attend training/ education.
- » The Child Care Development Fund (CCDF) has the following requirements:
 - *Child Care Services Funded by CCDF* – Child care services are available to eligible families from a variety of child care categories, including center-based care, family child care, and relative/in-home care (that is exempt from licensing). Licensed providers must meet basic health and safety requirements set by states and tribes.
 - *Quality Initiatives* – A minimum of 4 percent of CCDF funds must be used to improve the quality of child care and offer services to parents, such as resource and referral counseling regarding the selection of appropriate child care providers to meet specific needs.
 - *Public Input for State and Tribal Child Care Plans* – All states and tribes must submit comprehensive plans every 2 years. Public comments and hearings are encouraged or required through this process.
 - *Research* – Separate funds are available for research, demonstration, and evaluation activities. These funds are for child care research at the national, state, and local levels. In addition, states are required to perform a market rate survey of providers and report this data. CCDF monies are used to support these efforts.
 - *Technical Assistance* – The Child Care Bureau provides technical assistance designed to address the needs of states, territories, and tribes administering the CCDF.

E. CORE BUSINESS PROCESSES

Four groups coordinate child care services: the Program Initiatives Unit, the Licensing Staff, the Authorizing Workers (AWs), and the providers. This subsection summarizes the core business processes of each group. It also describes the subsidy process that DCCEL administers.

1. Program Initiatives Unit

The Program Initiatives Unit, with community partners, oversees the public funds distributed for key child care quality improvement programs. Three areas that this unit manages are:

■ Affordability and Access Initiatives

The main role of affordability revolves around supporting the parent in their needs in a timely manner. This area involves three types of programs.

- » *Child Care Resource and Referral Agencies* – These agencies provide parents with provider, referral, and parenting resource information to help families meet their child care needs.
- » *Homeless Child Care* – This program provides child care subsidies and safe environments for children while families seek permanent housing and resolve barriers.
- » *Seasonal Child Care* – This program helps place children of agricultural workers who work seasonal, in child care when needed.

■ Quality Initiatives

These initiatives aid providers and employers working with families to ensure the support is there for these groups that provide help to families.

- » *Provider Support* – Some of these initiatives would range from:
 - Providing information about operating a child care facility.
 - Special programs (Incentive Food Program).
 - Training and education, STARS.
 - Grants and loans and facility improvement funds.
- » *Employer Support* – These initiatives help employers trying to create family-friendly working environments and schedules by offering financial assistance to companies that need help.

■ Systems Development

Through community partnerships, DSHS can provide funding for system development projects. For example, these monies are being used to help develop:

- » *BrainNet* – Shares information and the latest research for early brain development.
- » *Healthy Child Care Washington* – Strives to assist in creating partnerships and systems to aid in linking families, medical services and child care.
- » *Infant Toddler* – Offers specialized training for providers who want to know more about caring for infants and toddlers.

2. Licensing Staff

Licensing staff are responsible for the enforcement of all child care regulations as they relate to licensed providers in each regulated program in Washington. They are also responsible for new provider orientation and training, technical support, and overall regulatory authority for child care provider licenses.

■ Provider Licensing Processes

There are three basic processes that DCCEL uses to license child care providers and their facilities:

- » *Initial Application and Application Renewal* – In order to apply or reapply for a license to operate a child care facility, the applicant must meet the criteria set forth in the Washington Administrative Code (WAC) appropriate for that facility type. Provisions include that the applicant submit and sign an application for a child care license or certification by using DCCEL paper forms.
- » To become a licensed child care facility in Washington, the center/ applicant must meet the following licensing requirements:
 - Attend a licensing orientation.
 - Complete and submit an application.
 - Pass a criminal history background and child abuse/neglect checks.
 - Meet applicable facility and program standards for facility type.

Any change of circumstances (e.g., change in address, location, space, staff) must be promptly reported by the facility to the licensing staff.

- » *License Renewal* – Each licensed facility is sent a renewal packet and must submit the reapplication at least 90 days before the current license expires. Facilities must reapply every 3 years.
- » *Exempt Provider Certification* – Several groups are exempt from licensing but are certified by DCCEL and then would be eligible to receive subsidies. The exempt facility may request to be certified in accordance with national or state standards or standards approved by DSHS. DCCEL may certify a facility for payment without further investigation if the facility is:
 - Licensed by an Indian tribe, or
 - Certified by the federal Department of Defense.

■ Other Licensing Processes

In addition to licensing providers, DCCEL licensing staff support the following processes:

- » *Provider Training Opportunities* – In addition to licensing requirements, child care facility staff must meet specified requirements such as:
 - Orientation training.
 - CPR/first aid training.
 - HIV/AIDS/bloodborne pathogen training.
 - Tuberculosis (TB) testing.
 - Criminal background check.
 - STARS requirements/ongoing training.
- » *Complaints and Investigations* – Licensing workers within DCCEL are responsible for investigating complaints that licensed providers do not meet minimum licensing requirements. The licensing worker determines whether the complaint is valid, invalid, or inconclusive. Licensing violations that are found to be valid are followed up with a compliance agreement, or under more extreme circumstances, action is taken against the license. In addition, Child Protection Services investigations are conducted by Children's Administration to ensure safety for at risk children.

Regulatory Compliance – Regulatory compliance refers to the monitoring process used by licensing staff to periodically visit child care providers to check for compliance of regulations. These site visits are intended to ensure that all providers are in regulatory compliance or that there is a plan in place designed to bring them into compliance. Licensing staff document their findings on a compliance agreement and

leave a copy with the provider. Follow-up visits can be made to ensure that problems are resolved.

3. Authorizing Workers (AWs)

Child care AWs perform numerous activities that support the child care subsidy program and have daily interaction with providers and families. The following process descriptions pertain to work performed by the AWs at DSHS Customer Service Centers (CSC) around the state.

■ Client Application Process

In order to determine a parent's eligibility for child care subsidies, an AW requires information from the child care applicant. The following 10 steps are required to determine client eligibility for the child care subsidy program when an applicant wants to use either a licensed or in-home/relative child care provider.

- » (The applicant (client) contacts an AW at a CSC and gives the AW eligibility information such as family income, size, and activity schedules to complete Part 1 of the WCCC application.
- » The AW verifies the information via several ways including cross-system checks, collateral contacts, and submission by parents of paper documents. At this point, the AW has the ability to leave the application in a pending status in order to obtain any needed verifications. All case information is entered into an information system known as the Working Connections Automated Program (WCAP).
- » If approved, the AW sends the applicant two Award Letters: one letter with all income information and another letter with a summary to show a potential child care provider proof of the applicant's eligibility. If the client does not have a provider chosen at this point, the AW refers the client to the CCR&R agency. The CCR&R agency assists the client to find available licensed/certified providers who can meet the client's needs.
- » If not approved, the AW sends a denial notice explaining the reason the family is not eligible for subsidy.
- » The approved applicant then tells the AW who the provider will be.
- » The chosen provider, either licensed and/or in-home/relative, must supply information to the AW to complete Part II of the WCCC application. The AW may take the licensed provider's information over the telephone, but both the client and the in-home/relative must submit a signed and dated copy of Part II.

- » An additional step is required at this point if the client has chosen an in-home/relative provider. These providers and certain individuals living with a potential relative provider are subject to a background check. The background application is sent to the client. The potential provider must complete, sign, date, and send it to the AW. The AW then submits it to the Background Check Central Unit (BCCU) for the check and results. In addition, a valid Social Security Card and picture identification are required.
- » Once the AW has determined that the chosen provider, licensed or in-home/relative, is approved, the actual authorization of services can be completed. The AW uses WCAP to electronically submit a Social Service Authorization to the Social Service Payment System (SSPS). SSPS will produce a Social Service Notice once the authorization has been accepted and will send this notice to either the licensed provider or the parent (if relative/in-home care was chosen).
- » The AW has the flexibility to set up an authorization that is up to 6 months in length.
- » The AW is required to record all case actions in the case notes.

NOTE: Both the parent and the provider have the ability to access limited case information over the telephone 24 hours a day, 7 days a week via an Interactive Voice Response (IVR) application known as the Working Connections Information Phone (WCIP).

■ Reauthorization

DSHS initiates a review of each child care case before the current authorization period expires to determine whether the client is eligible for a new authorization period. The following six steps are taken to complete the new authorization:

- » An electronic poll of the WCAP each month indicates which cases are due to expire.
- » An electronic message is sent to the Centralized Mailing System. A pre-filled review form is sent out to the client at least 20 days prior to the end of the eligibility period.
- » The client is instructed on the review form to either call the AW at the CSC or to mail the review form back to the CSC.
- » The AW would repeat steps 2 through 6 of the application process at this point. There is no need to rerun the background check for the in-home/relative provider if there has been no break in service and a check has been completed within the last 2 years.
- » Steps 8 and 9 of the client application process are repeated.
- » The AW is required to record all case actions in the case notes.

■ Change of Circumstance

Clients are required, by rule, to notify the AW of changes in circumstance, such as household size, increases and decreases in income, address change, change of provider, etc. With the exception of a change in providers, the client has 10 days to notify the AW of a change. The following four steps should be taken by the AW to respond to a change in circumstance:

- » The AW verifies the new information and updates the case in WCAP.
- » The AW determines whether the change requires any updates to eligibility, the co-payment, or the actual child care authorization.
- » The AW makes the appropriate changes to the case and sends the client notification of eligibility and co-payment changes. Notice of service changes are sent from SSPS.
- » The AW is required to record all case actions in the case notes.

■ Termination of Benefits

This process is initiated when DSHS terminates benefits to a client. The SSPS authorization is then updated, and SSPS sends a Social Service Notice to the provider. In addition, the client is responsible for notifying the provider of change in benefits.

4. Providers

Providers must adhere to the rules of the child care program in order to provide subsidized child care. Besides the licensing requirements, providers must also maintain effective attendance-keeping systems and are responsible for tracking their employees' training. The following provides a description of these processes:

■ Attendance

Clients using in-home/relative providers and licensed providers are required to keep daily attendance records. There are no standard tools mandated by DSHS for tracking attendance, but the licensed providers are required to show specific components within their attendance record-keeping systems.

- » Accurate and complete attendance records are only one component of provider record keeping required by law and are often indicative of good business practices in other areas.

- » Attendance records should be easily accessible and retrievable for the purpose of billing subsidy programs. Attendance records and invoices for subsidy children must be kept on the child care facility's premises for at least 5 years after the child is no longer enrolled.

■ Training

Providers are responsible for tracking the training courses successfully completed by their staff. Providers must submit information to WAEYC. WAEYC is contracted by DCCEL and uses STARS to track individual staff training.

5. Subsidy Process

DCCEL uses many processes to manage its business operation of the subsidized child care program known as Working Connections Child Care (WCCC). The following is a description of these processes:

■ Payments

AWs use the Social Service Payment System (SSPS) for authorization, billing, and payment to both licensed/certified and in-home/relative care providers. The process is essentially the same for all child care payments and follows the seven steps below:

- » SSPS produces an invoice based on the AW's authorization, usually once a month.
- » SSPS sends invoices directly to a designated payee. Payees are:
 - Licensed/certified provider.
 - WCCC client when care is by an in-home/relative provider.
 - Contracted protective payee.
- » Payees are required to bill on the invoice according to daily attendance records.
- » Payees submit the invoice to SSPS via Interactive Voice Response (IVR) or mail.
- » SSPS issues a check (warrant), based on the billing, directly to the payee via direct deposit or paper warrant. Clients receiving the warrant are required to turn the full amount over to the in-home/relative provider. (*NOTE: The client's portion of the child care cost, or co-payment, is subtracted from the payment prior to being issued to the payee.*)

- » All providers receive a remittance advice directly that indicates the warrant issue date and amount.
- » The AW is the first point of contact for a payee who has any disputes with the initial amount of care authorized, invoices, and final warrants.

■ Co-Payments

With very few exceptions, all clients of subsidized child care are required to pay a portion of the child care cost, or co-payment, based on the family's income and family size. Both clients and providers are advised of the co-payment amount through individual mailings. Both parents and providers can access co-payment information through automated telephone services 24 hours a day, 7 days a week.

- » The full co-payment amount must be paid unless alternate arrangements are made between the client and provider. The client can lose eligibility for subsidies if the co-payment is not paid in full and alternate arrangements are not in place. Child care providers are advised to report to DSHS when the co-payment has not been paid. The AW remains the first point of contact if there are issues regarding co-payment amounts or non-payment.

■ Adjustments

Discrepancies occur during subsidy payment processing cycles for a variety of reasons, including timing of reported changes or a change in financial or work status of a client.

- » There are three types of payment adjustments that can be processed by the AW: overpayments, underpayments, and payments for first-time authorization of old services. In all cases, the AW has a certain amount of investigation or research to do to verify the exact amount of the adjustment. As part of the investigation, the AW may request attendance records from the provider, view payments in SSPS' separate recording component, Computer Output to Laser Disk (COLD), and view the case record in WCAP.
- » Adjustments can be very complicated and require an extensive amount of research and staff time. Many overpayments are disputed by the recipient or the provider and create more work for child care staff at the local offices. Underpayments and payments for first-time authorization of old services are submitted to SSPS via a payment adjustment form and supporting documentation. Overpayments are submitted to the DSHS Office of Financial Recovery (OFR) electronically. OFR then notifies the provider or client of the overpayment.

F. TECHNOLOGY ENVIRONMENT

The DSHS Information System Services Division (ISSD) provides some operational support for mainframe and client/server application operations, augmented in some cases by contractor support. The applications used for child care services cross three administrations: ESA/ITD, CA, and Administrative Services.

- EXHIBIT I-1 presents a high-level overview of the systems used by stakeholders in the child care program.
- EXHIBIT I-2 details the child care data that is shared between these three administrations' systems.
- EXHIBIT I-3 shows the systems that are used by each of the primary stakeholders of the child care program.

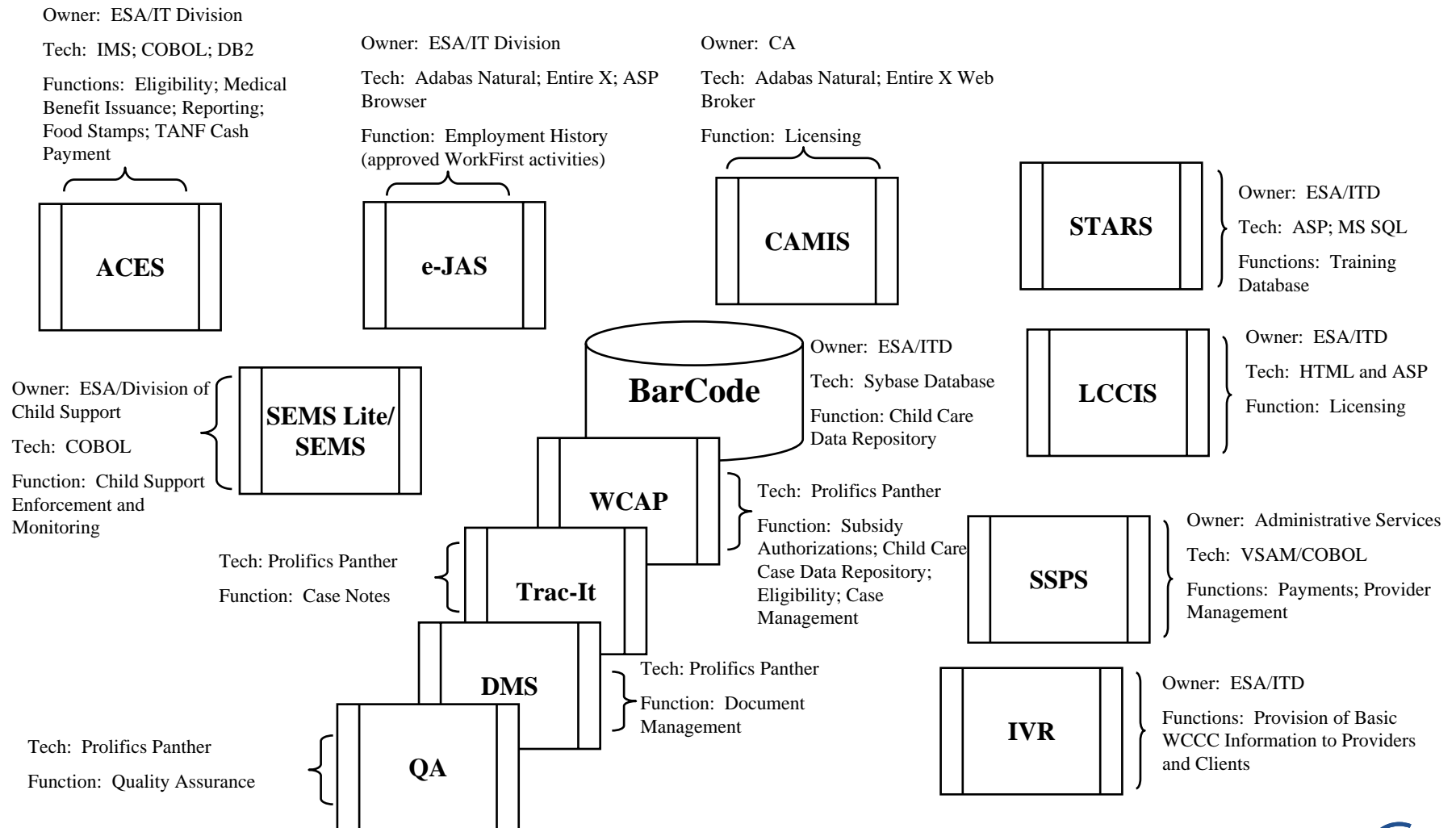
The following systems are used to manage the child care program and to provide child care services.

1. Case Management and Field Office Operation Support (BarCode)

AWs use the Working Connections Automated Program (WCAP) module in the BarCode system to collect demographic data, retrieve limited child care provider information, and determine eligibility for payment assistance using established income standards for the program. The BarCode system is a client/server rapid development platform managed by ESA/ITD staff and consists of a series of integrated applications written in Prolifics Panther residing in a Sybase database. The following BarCode applications are used to support child care processes:

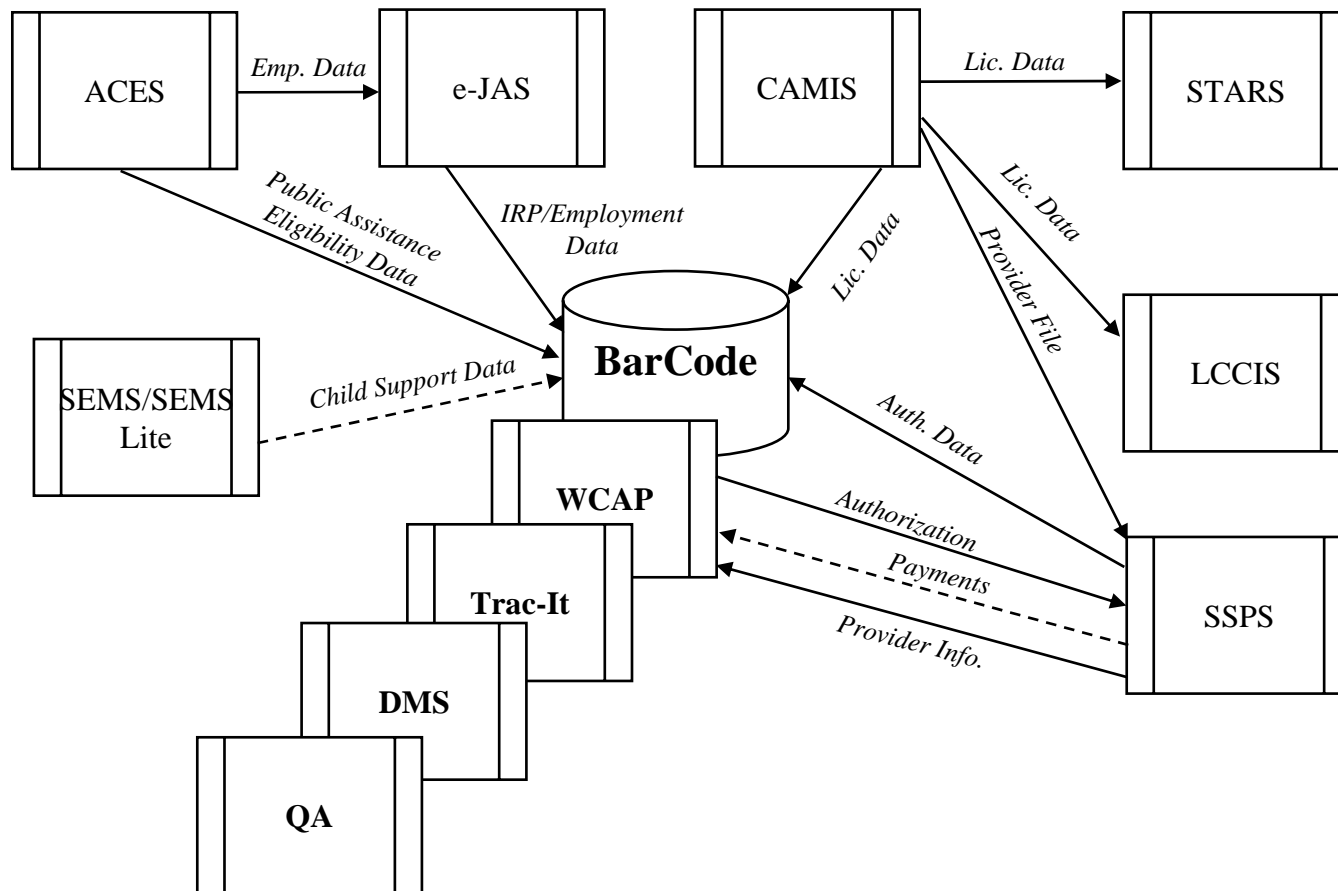
- *Working Connections Automated Program (WCAP)* – This application is an adaptable, comprehensive case management tool for AWs. It is the primary application used for data input by AWs. It is used to collect client demographic data, enter child care providers' information, and determine eligibility for payment assistance using established income standards for the program. WCAP has limited data exchange with several other highly used programs such as SSPS, ACES, Support Enforcement Management System (SEMS) Lite, and Job Automated System (e-JAS).
- *Trac-It* – This module is used to capture case notes. It provides integrated case processing for ACES, WCAP, and related systems. In addition, it provides a structured methodology for case documentation as well as workload management targeted for Customer Service Centers.

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT
BASELINE ANALYSIS AND COMPREHENSIVE NEEDS ASSESSMENT
CURRENT TECHNOLOGY ENVIRONMENT – SYSTEMS

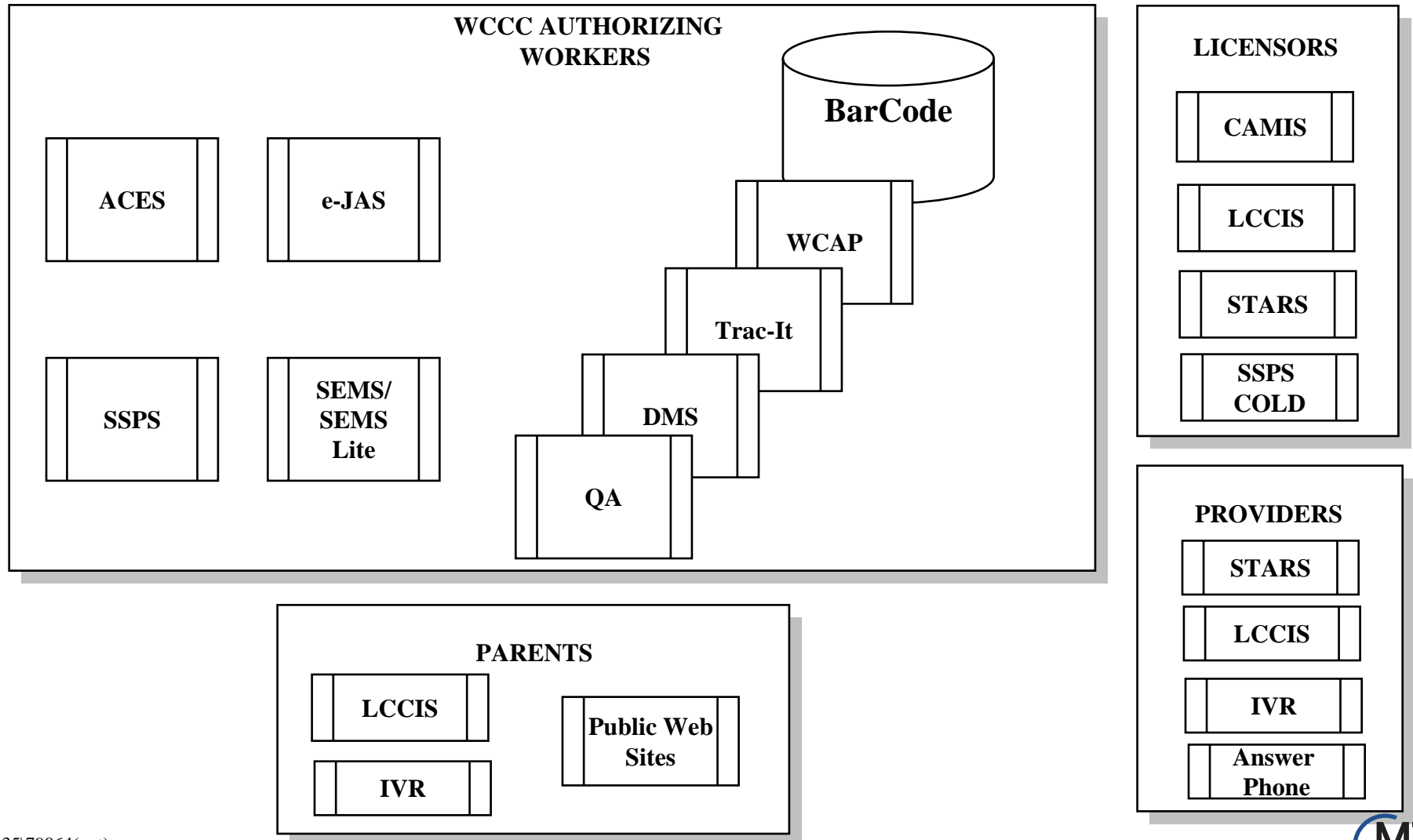


STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT
BASELINE ANALYSIS AND COMPREHENSIVE NEEDS ASSESSMENT
CURRENT TECHNOLOGY ENVIRONMENT – DATA EXCHANGES

Working Connections Child Care (WCCC)



STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT
BASELINE ANALYSIS AND COMPREHENSIVE NEEDS ASSESSMENT
CURRENT TECHNOLOGY ENVIRONMENT – SYSTEMS BY FUNCTIONAL AREA



- *Document Management System (DMS)* – DMS is used to electronically manage the large number of documents maintained by the administration and to track the workload related to those documents.
- *Quality Assurance (QA)* – DMOS QA staff use this module to monitor program quality.

2. Social Services Payment System (SSPS)

SSPS is utilized by a number of administrations and divisions within DSHS to authorize the delivery and/or purchase of social services for primary and service recipients, collect required state and federal statistical and management data, and initiate the payment process for purchased services, deduct and refund when necessary all applicable state and federal taxes, maintain taxation information and produce W-2 and 1099 tax documentation. For divisions using personal care providers, SSPS will be deducting Union dues and L&I, with medical benefits a strong probability in the future. Child care benefits are considered a social service with the parents and children being primary and service recipients, respectively. Child care is a significant portion of the total authorizations and payments processed through SSPS. This system resides on a mainframe and was developed using COBOL. SSPS has a separate reporting component named Computer Output to Laser Disk (COLD). COLD also serves as a historical data base for authorizations and payments.

3. Automated Client Eligibility System (ACES)

ACES calculates and distributes benefits, and produces reports for clients eligible for public assistance. In addition to ACES, there is also ACES On-Line which provides on-line capabilities. The system was developed using COBOL and resides on a mainframe, but an IBM DB2 database has been created that provides relational database capabilities.

A nightly batch program has been developed that updates the BarCode database with new ACES data. ACES data for common clients can be used by the AW to assist in verifying child care eligibility information such as addresses, household composition, participation in activities, and income.

4. Support Enforcement Management System (SEMS Lite)

AWs use child support enforcement payment information from SEMS Lite when verifying income for a child care subsidy applicant.

5. Job Automated System (e-JAS)

e-JAS is an automated tool for case managers, social workers, and job service specialists to screen participants for accommodation needs and issues that can interfere with employment and retention.

AWs use this system to view a current WorkFirst client's participation, Individual Responsibility Plan (IRPs), employment history, and contractor notes as a part of the eligibility process. ESA ITD maintains this system, which was developed using Adabas Natural.

6. Case and Management Information System (CAMIS)

CAMIS is maintained by CA of DSHS and was developed to help social workers manage child abuse and welfare caseloads and to assist administrators manage programs for children's welfare in the state of Washington. The system contains such pertinent early intervention information as referrals to CPS and out-of-home placements. DCCEL workers use CAMIS to manage the licensing process. CAMIS has been a statewide system since 1992 and was developed using Adabas Natural. It has a monthly data transfer of provider information to SSPS and BarCode.

7. Licensed Child Care Information System (LCCIS)

LCCIS enables the general public to look up standardized information for specific providers via a Web site (<https://www2.wa.gov/dshs/clic/request.asp>). Available information includes facility capacity, licensing status (open/closed), licensing concerns, and the license expiration date. LCCIS is managed by DCCEL and supported by ITD with the collaboration of CA, which supports the CAMIS database.

8. State Training and Registry System (STARS)

STARS is a career development database system for child care providers. The contracted provider, WAAYC, receives completed training information from the trainers' facilities and records that information into STARS. STARS is a secure Internet Web application that has access to a continuously updated database, which will generate the most recent information on the training records of individual child care providers. STARS is built upon a Microsoft SQL database.

II. COMPREHENSIVE NEEDS ASSESSMENT

II. COMPREHENSIVE NEEDS ASSESSMENT

This section describes the major needs that are present in Washington State's child care system. Stakeholder interviews and focus group meetings¹ were conducted for the purpose of developing a list of needs for the e-Child Care system. Also, DCCEL has recently been conducting a series of audits that identified opportunities to streamline and improve WCCC program.²

A. CRITICAL SUCCESS FACTORS

The delivery of Washington's child care services is a complex process involving diverse stakeholders with divergent needs. This needs assessment outlines the needs for each stakeholder group and highlights the opportunities to meet these diverse needs. The six major stakeholders include:

- Children and Families
- Child Care Providers
- Early Learning Professionals and Support Agencies
- Licensing Staff
- Community Service Office (CSO) Authorizing Workers (AWs)
- Quality Assurance

Needs were identified by relating four critical success factors (CSFs) to each of the major stakeholders' current environments to determine whether business improvement opportunities exist. The following CSFs describe the business aspects that can be improved and ultimately result in a more efficient and effective child care delivery system:

- *Improve service delivery processes* – Activities that support improvement in work efficiency and effectiveness.
- *Enhance health and safety for children in child care* – Activities that result in a safer and healthier child care environment in the State of Washington.

¹ APPENDIX II-A recaps the stakeholders interviewed during the data collection process. APPENDIX II-B lists the stakeholders involved in the focus groups and their functional areas.

² "Working Connections Child Care Program Review," Sterling Associates, Olympia, November 2000, and "Child Care and Early Learning Organization Study," Office of Financial Management, December 2000.

- *Improve program integrity and accountability* – Activities that ensure that state resources are used wisely and appropriately.
- *Enhance program information and intelligence* – Activities that provide insight into program effectiveness and provide information needed to enhance services.

1. Children and Families

Significant opportunities currently exist to improve the working relationship between children and their families and DCCEL and providers. Families have many needs associated with how they interact with DCCEL and the child care providers.

Needs related to children and their families are discussed below in greater detail.

Families need timely, accurate, and streamlined response to requests for information concerning subsidized child care services.

The current practice of requesting subsidized child care services is characterized by multiple “handoffs” for families seeking information about providers, eligibility requirements, and other program information. Although there is a wealth of data related to providers, eligibility requirements, program rules, etc., this data is distributed over different systems and is owned by several different stakeholders, making it difficult for families to know where to go for the most accurate information. There is a need for increased family access to integrated program information that could improve decision making and ensure streamlined responses to service requests for families and their children.

Over the past several years, families have had to become accustomed to working with the AWs in a call center environment. For most families this has meant a move away from consistent one-on-one relationships with AWs and access to consistent information regarding subsidy policy and procedures. Families and providers also report problems with timely and accurate processing of cases. Families require timely processing of their subsidy case and timely access to AWs who use integrated program information and accurate policy and procedural information.

With timely, accurate, and streamlined data, families will be able to utilize the information to make better-informed decisions regarding placement of their children. Families would be able to link to information about providers who participate in the subsidy program. Also, a more informed decision-making environment would result in families being more confident that their children are in a safe environment by providing or linking to information that would be of use to families as they choose the best environment that fits their needs. In addition, this will improve the service delivery process for families by providing AWs with more effective and efficient tools with which to make accurate decisions regarding eligibility and the level of care needed.

All families need timely and accurate answers to questions about availability, history, and service capabilities of child care providers.

Data related to licensed providers is distributed over different systems operated by different stakeholders. Families can call the CCR&R agency to better understand available child care providers in their area, but they must access a separate system (LCCIS) for more detailed information relating to a provider's licensing history and any current licensing concerns. The information contained in the LCCIS is limited, requiring parents who want more detailed information to seek further assistance by calling state workers. There is a need for a level of "self service" access to provider quality, performance, and availability information.

With better access to timely, accurate, and streamlined data about subsidized and nonsubsidized child care services, families will become more informed consumers who are better able to choose an appropriate provider and monitor the licensing activities for that provider. Families receiving state subsidies will understand the expectations (e.g., rules and policies) of the subsidy child care program and related services. Better-informed families using the child care subsidy program will result in improved overall program integrity and will help ensure more effective use of resources. By allowing parents to conduct a self-assessment, parents will have the opportunity to start the background work of researching child care options without involving others until the family has identified the child care situation that is best for them.

2. Child Care Providers

Much like parents, child care providers have also had to become accustomed to working with the AWs in a call center environment. For most providers this has meant a move away from consistent one-on-one relationships with AWs and access to and dissemination of consistent information regarding policy and procedures. Providers report that this has led to problems with timely and accurate processing of cases.

Without timely and consistent access to AWs, policy information, and processing of cases and payments, providers have less incentive to provide child care services to subsidy-eligible families. Significant opportunities currently exist to improve a variety of interactions between providers and DSHS in order to ease the current burdens that sometimes limit program participation. There are many needs associated with how providers interact with DSHS and subsidy-eligible families. Needs related to providers are discussed below in greater detail.

Child care providers need an easy, standardized attendance-keeping mechanism.

Providers are currently required through licensing and subsidy rules to maintain daily attendance records for all children in their care. Attendance records are currently not required to be on a standardized form. This has led to the proliferation of a variety of different forms including various manual and computerized forms, calendars, notebooks, 3x5 cards, etc. Billing difficulties and errors on the part of providers are often attributed to the lack of attendance records and/or lack of comparison at billing time to attendance records.

There are three significant needs regarding attendance keeping for providers.

- The first is for the provision of a standardized mechanism for maintaining and collecting attendance records.
- The second is for more complete, consistent, and timely training regarding attendance keeping and billing.
- The third is for more consistent enforcement of attendance keeping and consistent penalties when a provider has not met the requirement.

Standardized attendance keeping, better training, and enforcement will reduce the difficulties of the billing and payment process, which will lead to more accurate billing and payment for subsidies. In addition, with more accurate attendance keeping, the data provided can be used by the AWs, licensing staff, and other stakeholders to improve compliance with capacity and ensure a consistent, safe child care environment.

Child care providers need better access to training, scholarships, accreditation, and other program information.

Both providers and DCCEL see training and accreditation as a key to the overall quality of child care. Many providers are not aware of how to apply or become eligible for these training, scholarship, and accreditation opportunities. Providers require better access to information concerning eligibility for participation in training and education programs, in addition to scholarships for training, conferences, and other sources of technical assistance.

Access to and participation in these programs will lead to improved service delivery and a greater level of quality in child care service environments. Providers who foster learning and training environments see efficiency and effectiveness improvements in their programs and the quality of their service.

Child care providers need efficient, timely, and accurate payments.

The current provider payment process is a largely manual, time-consuming, and paper-intensive process that is complex for both providers and AWs. There are numerous handoffs and manual process steps throughout the payment process. The current systems and processes do not fully support the business rules, regulations, and policy, leading to inaccurate authorizations, payments, billings, overpayments, and the possibility of fraud. There is a need for business rules to be more fully incorporated in the electronic authorization and payment process. This can ensure that errors are minimized and provide a more predictable and accurate payment process for child care providers.

With the incorporation of payment business rules and policies into the system, the difficult step of reconciling the subsidized amount approved versus the amount that the child care center charges could be a by-product of the payment process. In this way, greater program integrity is ensured because the incidence of authorization errors, overpayments, double payments, and fraud would be significantly reduced.

In addition, the service delivery process would be enhanced by making providers and AWs more effective and efficient by eliminating their need to spend time with a time-consuming, complex, manual, and paper-intensive payment process.

Child care providers need timely and accurate information about families' benefits.

There are three main informational components to the subsidy benefits that providers must have in order to provide timely and accurate services to families. Those components are case status, co-payment amount, and the amount of services authorized. These pieces of information are vital to providers as they take on new families and as families' benefits expire and are renewed. The process to renew benefits is largely manual and sometimes complicated.

It is imperative to ensure the least amount of disruption in benefits for families and providers. Most often, families rely on the providers to assist in completing the necessary paperwork before the subsidy actually expires. There is a need for the provider to have access to timely and accurate information concerning family benefits such as when the benefit expires, the renewal time frame, and the expected level of child care needed.

Timely and accurate benefit information will increase the efficiency and effectiveness of the service delivery, improve family and provider satisfaction, and ensure consistency of care for the children.

Child care providers need to receive consistent policy and procedure information.

Child care providers are responsible for observing many regulations, policies, and procedures that govern the regulated child care system. There are separate regulations governing licensing standards and subsidy receipts. These policies and procedures are periodically revised. There is a need to quickly and consistently facilitate the communication of standard DCCEL child care policy, rules, and regulations to help promote adherence to licensing and subsidy standards and procedures.

The limited resources of providers, coupled with the requirement for accurate/timely information in a manual paper-intensive environment, has led many providers to question the incentives for offering child care to subsidy clients.

Providers report that the current methods and requirements for providing child care for subsidy-eligible families result in a largely paper, nonelectronic, labor-intensive process. There are many handoffs between process participants, and consequently, misinterpretations or misunderstandings about how policy, procedures, and regulations should be applied.

When communication about policies and procedures is easily available, the communication will aid in more accurate and timely billing, a more consistent process for providers and families, and safer environments for children at the child care facilities.

3. Early Learning Professional and Support Agencies

Early learning professionals include the CCR&R Network in Washington State, whose members provide guidance to families trying to place their children in the best possible child care situation. CCR&R agencies provide basic information about child care providers that can include availability, licensing status, and possible specialty information (i.e., language programs, special needs care, preschool programs).

The early learning professionals and support agencies offer consumer education, training, and technical assistance to parents, child care providers, employers, and the community. With data being dispersed among different systems, the information is often incomplete and does not provide the level of confidence required for families to make informed choices.

The needs of the early learning professionals and support agencies described below.

CCR&R agencies need to provide a complete child care provider profile.

Currently, CCR&R agencies have difficulty in determining if there are licensing concerns that would lead to a “do not refer” status for a specific provider. They rely on manual verification from licensing staff.

Because of the number of current systems and the maintenance of these systems, the data is often not integrated, complete, or accurate. In addition, the availability of space within a child care facility is often not available or inaccurate. A need exists to provide “do not refer” status information so that they can refer families to DCCEL for further information about licensing concerns.

Early learning professionals need to track provider training.

The current processes for tracking various professional development for providers are not coordinated or integrated. Early learning stakeholders report that the current system (STARS) for tracking required training is paper-intensive, time-consuming, inaccurate and does not reflect information that they provided the state regarding their previous training. The accuracy of this data affects the ability of the licensors to make informed decisions regarding licensing updates. Additionally, time spent by the providers to manage this information affects their ability to provide quality services to children and families. Children and families would be better served if parents seeking licensed care could easily find training history on providers. Accurate, integrated provider training data would also facilitate outcome tracking of provider training to yield a more accurate picture of what is working and what is not.

The ability to track the history of credentials, accreditation, training requirements completed, etc., in an integrated environment and the ability to record and track all professional development experiences through professional development plans would allow DCCEL to better serve providers and families. Providers throughout the state would benefit from this knowledge regarding what training, credentials, and accreditations are most effective. In addition, the state would be able to make more informed decisions about how to best spend money for training and quality-related initiatives.

4. Licensing Staff

Licensing staff are responsible for regulating and monitoring all child care centers and family child care homes in Washington. They also provide parents with information on the regulatory history of providers. Licensing staff also deal with concerns and complaints about the quality of provider’s child care. The current licensing process in Washington is a paper-intensive, manual process with multiple handoffs between process participants. Licensing staff report that the current process for

tracking providers (e.g., renewals, training, complaints) is time-consuming and burdensome. Specific needs associated with licensing are discussed below.

Licensing staff need improved methods for tracking complaints, sanctions, and regulatory violations.

There is a need to track a provider's regulatory status from the time of application on, including tracking complaints, violations, suspensions, revocations, etc. Licensing staff currently refer to different data sources, both manual and electronic, to try to develop a complete history of complaints, sanctions, and regulatory violations and the outcomes for each. The recording and tracking of this information would be greatly improved if it could be done electronically.

The ability to create an electronic profile for each provider to facilitate the outcome tracking of regulatory status would streamline workload management for licensing staff. In addition, on-site, on-line entry of inspection and complaint information and the ability to track the issues to investigate a particular complaint or inspection would eliminate the need for licensing staff to manually input this data at a later date.

When the provider data is accessible, complete, and accurate, licensing staff and managers can respond quickly to information that impacts the health and safety of children in the child care facilities. In addition, when the licensing staff have a more time-efficient, integrated, and comprehensive system to record, manage, and find data, they will be freed up to provide better and more intensive service to the child care providers, stakeholder agencies who require information they gather, and ultimately children and families.

A more integrated and comprehensive system that allows for quick access to timely information such as the status of a license (closed, open, probation, pending, summarily suspended, etc.) and open or closed violations or complaints, would enhance program integrity and user satisfaction. A simple example of this would be a system that could prevent an AW from authorizing subsidies to a facility where the license is closed or summarily suspended. A more accessible, current, integrated, and comprehensive system has many possibilities for greatly reducing errors and improving program integrity for DCCEL.

Licensing staff need standardized, accessible, and comprehensive provider profiles.

The primary system used by licensors, Case and Management Information System (CAMIS), does not provide enough historical data in a usable format regarding provider licenses. The current data in the "Action Log" needs to be in a usable format. Licensing staff expressed a desire to pull up all the types of licenses a facility has had in the past. There is a need to create a profile for each provider that includes the history and tracking of training, substantiated complaints, violations, suspensions, revocations, and authorized availability of space. An example given was the issuance

of a Probationary License. As soon as a facility returns to a Full License, there is no report or screen in CAMIS that gives any indication of the past Probationary License.

When this provider profile includes licensing data, regulatory status, history, demographic information, staff information, rate information, etc., the state will have more accurate data and complete information to facilitate the timely renewal of licenses. In addition, this provider profile will benefit CCR&R agencies and parents by providing them with accurate, timely, and integrated data, which can lead to smarter choices in placement of children.

Licensing staff need improved methods for conducting and recording results of monitoring visits.

The current process for conducting and recording regulatory/monitoring visits is a largely manual, paper-intensive process. Licensors report that this process is time-consuming and burdensome. Although many of the forms licensors use are standardized throughout the state, there is still very little automation of this process, and it requires significant duplicate data entry. There is a need for automated information flow from the staff in the field to the home office.

When the data source can be updated in the field or using automated tools and remotely synchronized with the state data sources, the information on the visits will be closer to real-time, accurate information. This information will be used to ensure better service and child care environments. Additionally, licensors' record-keeping duties and manual paper processing will be greatly reduced which can increase time spent on other quality activities with providers.

5. Community Service Office (CSO) Authorizing Workers (AWs)

CSO AWs ensure that requests for child care assistance are processed for eligible families. In addition, AWs set up Social Service Payment System (SSPS) payment authorizations that allow processed invoices to trigger direct payments to parents and licensed providers on a monthly basis. The current processes require duplicate data entry, lack the necessary interfaces to complementary systems, lack reporting capabilities, and can result in significant delay in processing accurate and timely payments. Needs identified include the following:

CSO AWs need a system that allows flexibility in authorizing services and payment.

The current business rules for interacting with and providing services for families can be difficult to track or enforce in the current environment. The ability to enforce program, federal, and state policies as they apply to their respective program areas in an integrated and automated environment is a need of the AWs. In addition, the system must provide the flexibility to be easily modified in response to changes and enhancements to priorities, policies, and/or regulations.

For example, when the entry and management of business rules can be applied in a flexible environment, changes to the system will be easier to apply and communicate. In addition, a rules-based system would alleviate much of the confusion and errors that are inherent in the current system, and streamline training for new workers.

CSO AWs need the means to easily correlate and reconcile authorizations and associated payments.

The current subsidy processes require duplicate data entry; lack the necessary interfaces to other systems; lack reporting capabilities; and result in significant delay in processing accurate, timely payments to providers. A need exists to ensure that the system enables easy identification of incorrect authorizations, assists in identifying incorrect co-payments, allows for management of differential rates, and streamlines the application process.

A more flexible authorization and payment system would improve the program integrity and ensure wise use of state resources. In addition, this would provide more of an incentive for providers to serve subsidized children.

CSO AWs need improved access to information about clients, providers, and services.

Currently, AWs work in an environment where the necessary information to process child care eligibility for families is fragmented. AWs spend a significant amount of time cross-checking other systems for pertinent eligibility information related to clients in addition to accessing other relevant information related to provider availability and services provided. There is a need to have a data system that is specifically integrated and accessible to AWs for the timely and accurate processing of individual child care cases.

Because managing and coordinating child care services is a key aspect of the e-Child Care initiative and the work that AWs perform, a need exists to ensure that there is improved access to integrated information related to the coordination of these services and the information related to the stakeholders involved in child care. The effective management of information related to families, service providers, and funding operations will facilitate this key element.

When the AWs have improved access to quality information, they can better serve families and assist in ensuring safer environments for the children. In addition, improved information sources will provide greater insight into program effectiveness and provide information needed to enhance services.

CSO AWs need access to information to resolve billing and payment disputes.

The current DCCEL and ancillary systems used by the AWs are not robust enough to provide the features required to efficiently perform daily job functions. For example, AWs manually enter specific child care service codes and the authorized rate into Working Connections Automated Program (WCAP) after making a manual comparison of DSHS rates to the provider's rates. The automation of the application of rates by service code and provider would significantly reduce keying errors and the amount of time to authorize care. In addition, integrating information from the licensing database could help reduce the frequency of such problems as providers billing for more children than they were licensed for or for children outside their licensed age range.

6. Quality Assurance

DCCEL is responsible for the overall integrity of its child care programs. DCCEL Quality Assurance efforts are intended to ensure the accountability of the child care program in cooperation with Community Services Division (CSD) Operations Review and Consultation (ORC) and the Division of Management and Operation Support (DMOS) and includes partnerships with three other DSHS administrations: Office of Financial Recovery (OFR), Division of Fraud Investigations (DFI), and the Payment Review Program (PRP). Quality Assurance needs are discussed below.

Quality Assurance needs automated reports and analysis tools.

Recent audits and reviews have found that there are considerable weaknesses and risks in the child care payment processes as evidenced by audits that have shown significant provider overpayments or errors. The process for determining whether child care providers are billing correctly is costly and time-consuming. Automated reports and analysis tools are needed to proactively identify billing errors or duplicate child care subsidy payment to providers for child care, infant bonuses, and registration fees. This would allow DCCEL to verify that accurate payments are made for the care that is authorized, resulting in improved program integrity.

Quality Assurance needs compiled information on outcomes and program effectiveness.

Children and their families play an integral role in the child care program. The new system should assist in broadening the outreach to families and facilitate their involvement in the program. In addition, the system should allow for the measurement of the effectiveness of the program by enabling the capture of post-program outcomes. These measurements not only provide a gauge for program effectiveness but also the vital feedback required by service providers and child care workers alike.

Quality Assurance needs to provide alternative training delivery methods, such as on-line training.

Because the DCCEL Quality Assurance and Training Unit must ensure the availability of staff training designed to improve performance and customer service and to implement agency goals, the system must add value and be beneficial to stakeholders with diverse technology capabilities and experience, while avoiding the creation of extraneous work for users that do possess system, technology, and technical expertise. Because of the wide geographic distribution of different stakeholders involved in child care throughout Washington, offering alternative training delivery methods such as on-line training would provide significant benefit. The system should support the goal of creating a consistent approach to staff development and enable staff to access training materials and information in a variety of ways.

III. SYSTEM OBJECTIVES

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The objectives outlined in this section communicate what the future e-Child Care system must be able to accomplish. Reporting and DCCEL operational management functionalities are some of the capabilities that users of the system require to better perform their jobs. The intent of the new system is to ease the data collection burden of DCCEL staff, providers, and other related stakeholders, while offering additional functionality that will increase effectiveness.

DCCEL has determined that a new system must be:

- Easy to use and accepted by parents, providers, licensors, AWs and stakeholders.
- Cost-effective to the state.
- Able to simplify attendance keeping and payment processing for providers.
- Able to provide secure and reliable access for providers who may have limited experience with or access to technology.

Each major stakeholder group needs data that can be converted into a viable information source that is readily available, accurate, and trusted. Examples of data elements include licensing information, regulatory status, policies, procedures, business rules, sanctions, and complaints. With this type of information available, the e-Child Care system will provide a better service environment for the organization and their clients. This data can also be used to ensure billing and payments are accurate and timely.

Another example is enhanced access to child care provider and family profiles, which would include information needed by CSOs and other stakeholder agencies to aid in placement of children in the best fit environment for the families' benefit.

Several objectives must be met when assessing what the e-Child Care system will need in the future to conduct business. These six high-level objectives are discussed below.

- Integrate data to provide complete, accurate, and timely information.

In the current environment, it is not easy for DCCEL and other stakeholders to access the information they need to get a complete profile of a child and the services he/she is receiving. In addition, they can not easily use the data that is available to analyze a situation and make the appropriate choice of care or services needed. Today, the available data is fragmented between multiple systems, databases, and paper files. The best decision is made with what information is available at the time, but by integrating the multiple data sources, users will

have more timely access to information that they need related to children, families, providers, payments, etc. This integration strives to provide continuity in child care planning and services. This will raise the level of accountability for the program and safety for the children and their families by providing authorized users with access to a more complete set of information and greater decision-making abilities, as well as support decision makers and stakeholders with information to make the best decisions possible for the children and families of Washington.

■ Support policy development and planning.

The DCCEL business rules for interacting with and providing services for providers and families can be difficult to track in the current environment. The new system must provide the ability to capture program, federal, and state policies as they apply to their respective program areas. The new system must also have the ability to enforce federal and state policies as they apply to their respective program areas in an integrated and automated environment. In addition, the system must provide the flexibility to be easily modified in response to changes and enhancements to priorities, policies, and/or regulations.

■ Meet mandatory reporting requirements.

Current reporting processes are time-consuming and frustrating to DCCEL management, as well as other stakeholder agencies. The system should facilitate reporting, ensuring that federal and state requirements are being met in a timely fashion. In addition to meeting the reporting requirements, the system should account for flexibility to adapt to changes in federal and state requirements when legislation is approved.

■ Serve families and providers while allowing for outcome measures for those within the regulated child care system.

Children and their families are the core stakeholders of the child care services programs. A need exists to assist in broadening the outreach to families and to facilitate their involvement in the program. In addition, there is a need for measuring the effectiveness of the program by enabling the capture of post-program outcomes.

■ Enable stakeholders with different technical capabilities and diverse information systems environments to have access to required common information.

The direct service providers and agencies involved with DCCEL business functions have varied information systems and technical capabilities. There is a need to seek benefits for all stakeholders with diverse technology capabilities and experience, while avoiding the creation

of extraneous work for user organizations that do possess system, technology, and technical expertise.

- Enable a reliable method to meet current and projected state and federal funding requirements.

Because funds for child care and service provider operations are limited, the need exists for an easy, reliable method that does not impose additional time or money burdens on the overall child care system. There is a need to leverage the existing information and infrastructure to complement or enhance the ability to capture relevant funding information.

These underlying objectives and needs provide the basis and support for the development of the detailed requirements, analysis of possible alternatives that can meet those requirements, and ultimately a potential solution(s) that best meets the needs and objectives as defined.

IV. ENVIRONMENTAL IMPACTS AND ORGANIZATIONAL EFFECTS

IV. ENVIRONMENTAL IMPACTS AND ORGANIZATIONAL EFFECTS

A new, integrated e-Child Care system will affect DCCEL and child care services in several ways. In general, organizational effects and impacts can be assessed after reviewing the current environment and comparing it to the new system requirements. Once this comparison is complete, a determination of how the system will affect the current environment can be accomplished. This section documents these factors and describes the impacts to stakeholders of child care services, as well as discusses the organizational effects of the new system.

A. IMPACTS

The new, integrated e-Child Care system will affect a number of different groups involved in delivery of child care services. The impacts identify significant change to organizational operations and to the way providers and clients will interact with DCCEL in the future. In this subsection, we summarize the potential impacts on the following five areas:

- Child Care Subsidy Clients
- Child Care Providers
- Inter-Agency
- Intra-Agency
- DCCEL Services

1. Child Care Subsidy Clients

The future system could affect the relationship with families eligible for child care subsidies in several ways. A new integrated system will allow for increased client access to eligibility information and other program information that could improve the services for their children. Child care subsidy clients will receive more timely determinations of eligibility, better information on providers, and better access to other relevant programs for which they may be eligible.

Parents who have more reliable information will be able to make better-informed decisions regarding their children's services, such as the type of provider that best suits their children. For those families that do not have access to a computer, the new system will still provide benefits. Families will benefit from the better access to quality data that providers, child care facilities centers, and community child support agencies will have.

2. Child Care Providers

A new integrated e-Child Care system will also influence the programs and services currently offered by providers. The e-Child Care system would enable attendance and payment tracking on the Web, which would aid in completing these tasks in an efficient manner. This method of attendance and payment tracking on the Web would mean less time being devoted to reporting requirements, and providers will be able to concentrate more on quality care of children. A new system would have the ability to manage and coordinate services to children in a more consistent and automated manner.

3. Inter-Agency

The new integrated e-Child Care will help promote integrating other state agencies' information by increasing accessibility to information that is of use to child care and early learning stakeholders. The agencies within Washington are working together to create a seamless child care system for the state.

A new system should allow for child care to share information in a more seamless environment with other relevant stakeholders, such as OSPI food program attendance information. This project should allow for DCCCEL and other agencies to access relevant data that they need to make decisions and ensure that services are provided in a more consistent and efficient manner.

4. Intra-Agency

There will also be benefits realized by other divisions within DSHS from the new integrated e-Child Care system. With a myriad of data systems and stores, DSHS often has redundant data and processes throughout its divisions. Data sharing will enable these divisions to use information that has already been collected. When children and families move through the system, data is sometimes lost in the transfer. An integrated system could help avoid such occurrences and aid in creating an easier transition for families between programs and/or services.

In addition, there are often gaps in data related to a lack of coordination and an overlap in existing systems. The new system will also allow for better tracking of service, program, and agency outcomes. With an integrated system, DCCCEL could track child care subsidy clients from the point of referral to exiting the system, including their participation in other DSHS divisions and state or federal programs.

5. DCCEL Services

The new integrated e-Child Care system will also fundamentally affect and influence how DCCEL provides services and interacts with clients, providers, other agencies (state and non-state), other programs, the legislature, and the federal government. DCCEL will have better access to quality management data to respond not only to the known reporting requirements from the federal and state government, but also to increasing ad hoc requests from organizations such as clients, providers, other agencies, and the legislature. For instance, a new integrated system will allow DCCEL to coordinate the delivery of services for children who have special needs, provide better information to clients seeking provider information, process payments quickly and accurately, and eliminate redundant data entry.

B. ORGANIZATIONAL EFFECTS

Child care requirements and objectives for a new integrated system will greatly affect the way in which the overall DCCEL organization and its services operate. The new integrated e-Child Care system is intended to meet programmatic needs for data collection, while also providing the capability to manage and coordinate services in a consistent and automated manner.

Because of the diverse nature of the organizations furnishing services and coordinating service delivery, there is a constraint on any new information system. The new system must provide benefits to the organizations with minimal information technology capabilities and experience, while not creating undue work for those that do have existing systems, technology, and technical expertise. In this subsection, the organizational effects of a new integrated system are assessed. The following three areas are analyzed:

- Impact on Work Processes
- Training Needs
- Job Content

1. Impact on Work Processes

Currently, child care providers face several processes that are quite labor-intensive. Licensing, subsidy payment, and referral processes require the completion of a variety of forms. In addition, the federal, state, and management reporting processes also require a variety of forms. With an integrated system it will allow for streamlining of these processes. If a child's information already resides in the system, any provider or related program connected to it will be able to access the record, as long as confidentiality requirements have been met. Given the current environment and

confidentiality requirements, this would save many hours of additional paperwork on a monthly and yearly basis.

Families and providers will also see several positive changes relating to processes affecting them. The system should facilitate the ability to refer children and families to other providers and agencies while ensuring confidentiality and information. Also, the flexibility in how DCCEL staff perform their jobs could increase. For instance, licensing staff could have the ability to access the system in remote locations. Forms could be filled out on computers initially, allowing for automatic entry of basic information. Delivery of appropriate information to families, AWs, and providers could be completed electronically to reduce time of delivery.

An integrated e-Child Care system solution should facilitate the recording and reporting of important provider information that would be useful in offering quality referral services. Further, this system should give CCR&R agencies better flexibility in accessing provider credentials and accreditation status. In addition, hours spent inputting and compiling monthly and yearly statistics will be decreased, and time spent writing down regulations related to negative feedback in the field during a complaint visit would be greatly reduced, allowing providers, families, and DCCEL to increase the focus on services.

2. Training Needs

The system will be designed to be more intuitive and easy to use. There will, however, be a requirement to train staff on using the new system, its screens, and other components. Because providers have varied levels of technical expertise, training needs will be varied as well.

Since many providers are only recently gaining access to computers, training topics could cover computer and Internet basics. Additional coverage of common applications will be required in some instances. Most providers who choose to implement the new system solution will require training on use of the data entry screens. It will be essential to demonstrate how the new system will be incorporated in their current business operations.

3. Job Content

The solution should not have a significant effect on the job content of DSHS AWs, DCCEL licensing staff, and child care service providers. With a new integrated e-Child Care system, how the processes and job tasks are completed should change to be less manual processes and less paperwork. This change in how the job is completed should provide a more efficient use of staff time. In addition, DCCEL and system stakeholders may be better able to focus on the qualitative components of service delivery. This new focus will lead to improvements in how child care services are delivered in the State of Washington.

V. ALTERNATIVE EVALUATION

V. ALTERNATIVE EVALUATION

The purpose of this alternative evaluation is to determine the best approach for designing, developing, and implementing a new child care system for the state of Washington.

The alternatives and the resulting evaluation considers the results of the Request for Information (RFI) conducted by the Division of Child Care and Early Learning (DCCEL). (See APPENDIX V-A, Vendor RFI Information). The results of the RFI consisted of written responses, marketing material, and select sample demonstrations supporting the individual vendor solutions. This RFI was intended to solicit information from the vendor community about available technology solutions that may meet the needs of DCCEL in the future. This analysis also considers the results of a state peer survey (see APPENDIX V-B, Child Care System Development in Other States) that was conducted to understand best practices from other states and whether there were child care systems or functionality in use in other states that could be candidates for transfer to the state of Washington. The survey focused on the technology, approach difficulties, benefits, costs, functionality, and lessons learned from other states' experiences.

This Alternative Evaluation section contains:

- A set of possible strategies (alternatives) for achieving the goals of the e-Child Care Project.
- A set of criteria for evaluating each of the strategies or alternatives.
- The model that will provide a framework and promote a discussion of the alternatives and a thorough examination of the strengths and shortcomings of each approach that evaluates all the alternatives.
- The evaluation of the alternatives.
- An evaluation summary.
- The proposed solution.

This section consists of six subsections. The first subsection introduces the possible alternatives, provides a short description of each, and briefly addresses each alternative's ability to meet the goals, requirements, and the DCCEL's needs of the e-Child Care Project for a new system. It is assumed that inclusion of all of the identified functionality for an integrated child care system as defined in the functional model completed earlier in the project (see APPENDIX V-C, Updated Functional Model) is the desired end result of each of the considered alternatives. This functional model defines the high-level functional requirements derived from the Background and Needs Assessment.

The alternatives that show the greatest promise will then be evaluated using the criteria defined in the second subsection. Since the decision-making process is multidimensional, the defined criteria capture the different aspects of the strategies that are important to selecting the most appropriate direction. The third subsection introduces the method for assessing each alternative against the evaluation criteria. The fourth subsection presents the high-level evaluation of the alternatives, the fifth subsection provides an evaluation summary, and the sixth subsection provides the proposed solution.

A. ALTERNATIVES

There are many approaches to meeting the needs of the Department of Social and Health Services (DSHS) relative to an e-Child Care system. They include the following five alternatives:

1. Buy an Integrated Child Care Information System
2. Transfer and Modify an Integrated Child Care Information System From Another State
3. Build a Custom Integrated Child Care Information System
4. Enhance Existing Systems Over Time to Provide Needed Functionality for an Integrated Child Care Information System
5. Maintain the Status Quo

Each of the five alternatives is listed and described below.

1. Buy an Integrated Child Care Information System

Buying all of the identified functionality from the functional model completed earlier in the project (see APPENDIX V-C, Updated Functional Model) for an integrated child care information system will involve purchasing a commercially available packaged solution. This can include the option of acquiring a system that has been specifically designed by the vendor community to meet the needs of state child care agencies or a more generic case management system that could be customized to meet particular requirements. An RFI issued by the e-Child Care Project, which was intended to identify available vendor solutions, definitely indicated that there are viable child care systems which are commercially available and could be used to satisfy Washington State's requirements. The results of the RFI are provided in APPENDIX V-A, Vendor RFI Information.

2. Transfer and Modify an Integrated Child Care Information System From Another State

A recent state survey conducted by the e-Child Care Project, which was intended to identify candidate systems from other states that might be transferred to the state of Washington, indicates that a number of states are deploying some of the functionality required by Washington State for an e-Child Care system. The results of the state survey are provided in APPENDIX V-B. This strategy involves transferring a system from another state and, similar to the previous option, tailoring it to meet Washington-specific requirements. This approach may involve the simple transfer of a system or may require the licensing of some software components if the transfer system is a proprietary one owned by a third-party vendor. This option would likely require significant customization and the use of additional resources to meet Washington State-specific requirements – either to the source code from the transfer system or to Washington child care processes and procedures.

3. Build a Custom Integrated Child Care Information System

Developing a custom integrated system involves building a new system from the ground up. This option would entail creating a system specifically designed around Washington State processes and business partners. However, upon consultation with the Executive Steering Committee on January 27, 2004, this alternative was deemed not desirable and will not be considered further.

4. Enhance Existing Systems Over Time to Provide Needed Functionality for an Integrated Child Care Information System

DSHS has a significant investment in information systems that support existing child care processes. To maintain continuity and leverage the value that exists in the current systems, it is possible to pursue a strategy that involves enhancing existing functionality. This approach would enhance existing systems and their functionality over time to meet the needs and requirements for e-Child Care. This would involve augmenting the payment, eligibility determination, and authorization capabilities of existing systems (i.e., Working Connections Automated Program [WCAP], Automated Client Eligibility System [ACES], and Social Service Payment System [SSPS]). Enhancements would include developing additional functionality to address integration of eligibility, authorization, and payment information that these systems do not support today. In addition, the current child care-specific licensing functionality contained in the Case and Management Information System (CAMIS) would be enhanced to meet child care-specific needs and be integrated with other functionality (e.g., payment, eligibility determination, and authorization). It should be noted, however, that the underlying technology for CAMIS has been deemed as becoming obsolete and will no longer be supported by Children's Administration (CA), which owns this system. Although CA is in the process of procuring a new system, there are many data and process differences between DCCCL licensers and other licensers within CA, making the inclusion of child care licensing functionality in a new CA licensing subsystem not viable. See APPENDIX V-D, Licensing

Functionality, which describes in greater detail the functional differences between CA licensing and child care licensing that led to this conclusion.

5. Maintain the Status Quo

Though there are a number of opportunities to improve child care processes and service delivery in Washington State through improved information systems, the option to continue with the current method of operation was thought to be a viable consideration. This option involves continuing to update the existing systems in a maintenance mode using existing data collection processes, with users, providers, and other stakeholders enhancing individual systems incrementally in response to changing needs. This option would allow DCCEL to continue receiving data in the same manner without significant modifications. However, upon consultation with the Executive Steering Committee on January 27, 2004, this alternative was deemed not desirable and will not be considered further.

B. ALTERNATIVE EVALUATION CRITERIA

Each of the options presented above has strengths and shortcomings. The purpose of the evaluation criteria is to identify those factors that are most important for assessing which strategy to pursue. As noted earlier, the selection of an alternative sets the direction for developing a high-level architecture and implementation plan. These evaluation criteria are intended to provide a consistent method for assessing implementation alternatives by key project stakeholders. The criteria address the key factors to be considered when selecting an implementation strategy. These criteria were used by the e-Child Care Stakeholder Process Team in a moderated session to assess which alternative best meets the needs of the state. The Process Team analyzed each alternative against the criteria discussed below and scored them according to its ability to meet the criteria. Each evaluation criterion is discussed below.

1. Critical Success Factors/Benefits

There are opportunities to improve many aspects of child care in Washington. Realizing these benefits is a key objective of the e-Child Care Project. As with cost, potential benefits are multidimensional. At a minimum, these benefits include the following:

- Process improvement.
- Improved health and safety.
- Reduced payment errors and enhanced program integrity.
- Enhanced management information access.

A solution that does not change or improve the current situation, or fails to address the opportunities identified in the previous phase of the project with respect to how child care services are administered, would fail this scoring element.

2. Ability to Satisfy Requirements

This criterion addresses a solution's ability to effectively satisfy the e-Child Care requirements defined through this feasibility study. Of particular importance in this area will be assessing unique Washington requirements and evaluating the ability of each alternative to address those needs.

3. Economic Services Administration Integration Principle

This criterion considers how a particular option reduces data redundancy and resource duplication and how it could use the existing infrastructure (software and hardware). This principle is valued for its contribution to the Economic Services Administration (ESA) strategic integration plan and the efficiencies in staff and resources that integration brings, in addition to the effectiveness, flexibility, and reduced maintenance costs associated with integrated systems. Additionally, results from the Information Technology Division (ITD) Customer Surveys from the last 3 years (see APPENDIX V-E, ITD Customer Survey) indicate a strong need to have the existing systems interface in a seamless manner and reduce work steps for the user. The Integration Opportunities Project (see APPENDIX V-F) field research found that the main priority of users for infrastructure improvements was to have functionality for all programs in one system for greater efficiency and accuracy.

4. Cost

Cost is a high-level estimate of the order of magnitude of implementing each alternative. This is not intended to be a cost-benefit analysis of each alternative but rather a structured method intended to identify and eliminate any alternative with a cost that would be so prohibitive as to preclude implementation.

5. Flexible Implementation

Given that there are different implementation options available, the expectation is that a solution would be able to be implemented in a phased manner. A solution that would not allow for a flexible, phased implementation to realize the desired benefits would not be desirable.

6. Risk

Risk is an integral part of any project and does require active management. Even though it is possible to minimize risk, different approaches have different levels and types of innate risk. As each alternative is evaluated, the risks that are typically associated with the approach will be identified. This evaluation will be based primarily on experience with similar projects.

■ Implementation Failure

The implementation of the various alternatives will have differing degrees of impact on external and internal stakeholders, which will effect the level of implementation success. For successful project implementation, it desirable to have a solution to which the department can dedicate appropriate resources, plans, and oversight in order to ensure the project remains on schedule and within scope.

■ Technical Flexibility

Many of the alternatives being considered will require new technology; others will leverage existing infrastructure (hardware and software). To enable DSHS to most effectively leverage an investment in technology and position the e-Child Care system for the future, it is desirable to have a solution that promotes, or is based on, a flexible technology platform. A solution that uses a technology that is obsolete or cannot easily be tailored to meet changing demands would score poorly in this area. An approach based on flexible and easily reconfigurable and reusable components would score highly.

EXHIBIT V-1 provides a matrix of the criteria discussed above, as well as questions to consider when evaluating alternatives.

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT ALTERNATIVE EVALUATION

EVALUATION QUESTIONS

Evaluation Criteria/Subcategory	Description/Considerations
A. Critical Success Factors (CSFs)/Benefits	There are opportunities to improve many aspects of child care in Washington. Realizing these benefits is a key objective of the e-Child Care Project. As with cost, potential benefits are multidimensional. A solution that does not change or improve the current situation, or fails to address the opportunities identified in the previous phase of the project with respect to how child care services are administered, would not be a viable alternative.
A.1 Process improvement.	Will the alternative support improvement in work efficiency and effectiveness?
A.2 Improved health and safety.	Will the alternative result in or support a safer and healthier child care environment in Washington?
A.3 Reduced payment errors and enhanced program integrity.	Will the alternative ensure that program funds/subsidy dollars are used wisely and appropriately?
A.4 Enhanced management information access.	Will the alternative provide insight into program effectiveness and provide information needed to enhance services?
B. Ability to Satisfy Requirements	This criterion addresses a solution's ability to effectively satisfy the e-Child Care requirements based on the CSFs defined earlier in the project. Of particular importance in this area will be assessing unique Washington requirements and evaluating how well these needs will be addressed by each of the alternatives being considered. An alternative that would initially satisfy requirements would be considered. An alternative that does not initially satisfy requirements would not be considered.
B.1 Ability to meet functional requirements.	Will this alternative meet all the functional requirements of a new e-Child Care system? At a minimum, can the alternative do all of the things the current systems can do (baseline functions), in addition to the newly defined needs and requirements?
B.2 Ability to meet performance requirements.	Will this alternative meet all the performance requirements of a new system? Can the alternative perform at the level of, or better than, the current systems?

Evaluation Criteria/Subcategory	Description/Considerations
C. ESA Integration Principle	<p>Does this option reduce data redundancy and resource needs and utilize existing infrastructure (software and hardware)? This criterion considers:</p> <ul style="list-style-type: none"> ■ Data duplication. ■ Resource duplication. ■ Infrastructure duplication. <p>This principle is valued for its contribution to the ESA strategic integration plan, the efficiencies in staff and resources that integration brings, and the effectiveness, flexibility, and reduced maintenance costs of integrated systems.</p>
D. Cost	<p>Cost includes implementation (purchase, design, and development) estimates as well as operational/ongoing maintenance and support costs. Cost is measured in general terms and is meant only to provide an order of magnitude to determine if any alternative is not viable.</p>
E. Flexible Implementation	<p>Given that there are different implementation options available, the expectation is that a solution would be able to be implemented in a phased manner. A solution that would not allow for a flexible, phased implementation to realize the desired benefits would not be desirable.</p>
F. Risk	<p>Risk is an integral part of any project and does require active risk management. Even though it is possible to minimize risk, different approaches have different levels and types of innate risk. As each alternative is evaluated, the risks that are typically associated with the approach will be identified. This evaluation will be based primarily on experience with similar projects.</p>
F.1 Risk that the implementation project will fail.	<p>Will this project have proper guidance and support (from vendors and agencies) to be accomplished within the budget and time frame? Is there a risk that the project cannot realize benefits quickly enough? What is the risk of migrating data?</p>
F.2 Risk that the solution is not technically flexible enough.	<p>Will this be a viable long-term solution (i.e., still be functional for more than 10 years without being viewed as archaic)? If other technologies and products become available in the future, will this solution enable e-Child Care to incorporate them?</p>

C. EVALUATION OF ALTERNATIVES

This subsection describes each alternative and the relative strengths and weaknesses associated with the different approaches. Each alternative is described in terms of the six evaluation criteria discussed in the previous subsection. In addition, each option is summarized, including a list of pros and cons.

1. Buy an Integrated Child Care Information System

As the results of the RFI (APPENDIX V-A, Vendor RFI Information) conducted by the e-Child Care Project found, there are many vendor solutions available that effectively meet the overall requirements and needs identified by the project. Using this strategy, a vendor-solution system would be procured, modified to meet Washington-specific requirements, and implemented. This approach, which would provide all of the desired data, functional, and technical requirements, would integrate many of the functions that currently exist in fragmented data silos today.

■ CSFs

This approach would provide the ability to meet all CSFs and benefits over time by modifying the vendor solution to ensure that it supports child care in Washington.

■ Ability to Satisfy Requirements

According to the RFI conducted by the e-Child Care Project and subsequent demonstrations of vendor systems, there are many vendor solutions available that could be modified to meet data, functional, and technical requirements of the child care community in Washington.

■ ESA Integration Principle

This option does not conform to the ESA Integration Principle because it seeks to acquire all functionality of an integrated child care information system, would not consider utilizing existing investments in technology, and would likely result in duplicate functionality.

■ Cost

This alternative would require DSHS to procure a vendor solution that best meets the needs and requirements of child care stakeholders throughout Washington. This alternative, like others, requires extensive system development and was deemed to be comparable in price to other viable alternatives based on the RFI results and the survey of other states.

■ Flexible Implementation

The results of the RFI and state surveys demonstrate that a vendor solution could be procured and implemented in a phased manner.

■ Risk

The project team deemed that this alternative does not pose a risk that the implementation effort would fail or that the solution would not be technically flexible. This alternative, if deemed viable, would have the proper guidance and support to ensure that it is completed within budget and schedule given the priority set by the Executive Steering Committee for this project. In addition, this alternative would not be deemed viable if it would not present the state with a viable long-term solution that could incorporate other technologies in the future.

■ Option Summary

This option has the following pros and con associated with it, as listed in the following table:

Pros	Con
<ul style="list-style-type: none">■ Meets all requirements.■ Can be implemented in a phased manner.■ Can meet all CSFs.	<ul style="list-style-type: none">■ Does not meet ESA Integration Principle.

Using a commercially available system does represent a realistic alternative. It would require significant customization to fully meet requirements but could be modified to meet the specific requirements of the diverse user community in Washington. However, given the direction of the ESA Integration Principle, there would likely be a need to purchase only limited functionality or select components. Because this alternative involves procuring a comprehensive vendor solution, it does not represent a viable alternative because it would require purchasing and implementing redundant functionality. This alternative would not leverage existing investments in technology/functionality that the ESA Integration Principle is trying to maximize.

2. Transfer and Modify an Integrated Child Care Information System From Another State

This approach is based on transferring, modifying, and implementing an integrated child care information system from another state. Several other state systems were investigated to determine the viability of transferring another data system to Washington (see APPENDIX V-B). Prior to

implementation, significant modifications would need to be made in order for the system to meet Washington's end-user-specific requirements.

■ CSFs

This approach would provide the ability to meet all CSFs and benefits over time by modifying the transfer system to ensure it supports child care in Washington.

■ Ability to Satisfy Requirements

Although a transfer system could provide a foundation for DSHS to build from, the results of the state surveys conducted show that at this time, there are no operational integrated e-Child Care information systems that could easily satisfy Washington-specific requirements. Several states are currently in the system design or development phase or have retrofitted existing systems to meet their needs, but no Web-based systems are available to transfer. Of the transfer alternatives that are nearing completion, all would be limited in meeting the identified functional requirements and would require significant modifications to ensure that the transfer system meets the direction set by the DSHS ESA Integration Principle. The modifications may include term usage, work flow, and data type differences.

■ ESA Integration Principle

Based on the findings from the survey of other states' systems, this alternative would likely require significant alteration to any transfer system to ensure that the goals of the ESA Integration Principle are met. Given the customized nature of transfer systems, it is unlikely that any would meet the integration goals of ESA. Additionally, this option does not conform to the ESA Integration Principle because it seeks to acquire all functionality of an integrated child care information system, would not consider utilizing existing investments in technology, and would result in duplicate functionality.

■ Cost

This solution would involve identifying a state system that closely meets Washington's data, functional, and performance requirements. This alternative, like others, requires extensive system development and is comparable in price to other viable alternatives based on a review of other state's system development efforts.

■ Flexible Implementation

The results of the state surveys indicate that this alternative could be implemented in a phased manner.

■ Risk

The project team deemed that this alternative does not pose a risk that the implementation effort would fail or that the solution would not be technically flexible. This alternative, if deemed viable, would have the proper guidance and support to ensure that it is completed within budget and schedule given the priority set by the Executive Steering Committee for this project. In addition, this alternative would not be deemed viable if it would not present the state with a viable long-term solution that could incorporate other technologies in the future.

■ Option Summary

This option has the following pro and con associated with it:

Pro	Con
■ Includes leveraged functionality already developed for another state.	■ Does not meet ESA Integration Principle.

From first glance, another state's system appears to be an attractive alternative due to the fact that the system would have already been developed and tested in a child care environment. However, most states that were contacted have significantly different organizational structures, with fewer agencies having input in the makeup of the program. While the transfer alternative would ultimately be modified to meet Washington-specific requirements, it would not meet the goals of the ESA Integration Principle because it would not leverage existing investments in technology and functionality. Because this alternative would result in the transfer of redundant functionality, this alternative will be eliminated from further consideration.

3. Build a Custom Integrated Child Care Information System

This alternative was deemed not desirable by the Executive Steering Committee and will not be further evaluated.

4. Enhance Existing Systems Over Time to Provide Needed Functionality for an Integrated Child Care Information System

Adding functionality to existing systems involves incorporating the desired features for e-Child Care into the multiple systems that currently support child care in Washington. This process can result in a system that fully satisfies all user requirements, but the time to implement and the complexity of these changes to existing, disparate systems may be prohibitive constraints. However, using existing systems as a baseline could provide an opportunity to use new technology that can reduce ongoing maintenance costs and increase usability.

■ CSFs

This approach would not provide the ability to meet all CSFs and benefits over time by retrofitting the existing systems that currently support child care in Washington. Many of the existing systems have been identified as soon to be obsolete and will not be supported in the future. For example, the SSPS system is a 30-year old legacy system that cannot be reengineered to meet the needs identified for e-Child Care. Furthermore, the department has decided not to make further investments in SSPS due to investments in new systems that will perform the same functionality. Likewise, the CAMIS system has been identified for replacement due in part to limitations of the current system. Analysis of the licensing needs and requirements of ESA child care services and CA child welfare services indicate that the two program areas are significantly different, and the proposed replacement to CAMIS would not meet the e-Child Care CSFs.

■ Ability to Satisfy Requirements

This approach would not provide a high degree of functionality since many of the required operations are not present in the current systems and would not allow for introduction of more options to be added that address other functional, data, technology, interface, operational, and security requirements over time.

■ ESA Integration Principle

This alternative would likely require significant alteration to existing systems to ensure that the ESA Integration Principle is met. Given the highly fragmented nature of the current systems environment, this alternative would likely require significant investment to ensure that there is a common technology architecture that meets ESA's integration goals. This approach is not practical as it would require making significant changes to existing systems that are nearing obsolescence.

■ Cost

This alternative was not evaluated for cost because of its inability to meet the CSFs, required functionality, or the ESA Integration Principle.

■ Flexible Implementation

This alternative was not evaluated for time to implement because of its inability to meet the CSFs, required functionality, or the ESA Integration Principle.

■ Risk

This alternative was not evaluated for risk because of its inability to meet the CSFs, required functionality, or the ESA Integration Principle.

■ Option Summary

This option has only cons associated with it, as listed in the following table.

Pros	Cons
	<ul style="list-style-type: none">■ Does not meet CSFs.■ Does not meet requirements.■ Does not meet ESA Integration Principle.

This solution does not present the best strategy to meet the data and functional requirements of the diverse user community and therefore must be eliminated as an alternative. Modifying existing systems presents an opportunity to introduce functionality and components over time but would increase the overall time needed to realize benefits. In addition, given the diverse nature of the existing systems, the complexity associated with retrofitting them may be prohibitive. This alternative does not meet the criterion of the ESA Integration Principle.

5. Maintain Status Quo

This alternative was deemed not desirable by the Executive Steering Committee and will not be further evaluated.

6. Create a Hybrid Solution for an Integrated Child Care Information System

This option was created as a result of the analysis of the previously described alternatives. Because it was deemed that none of original alternatives fully meet the evaluation criteria, the project team created a hybrid solution intended to leverage, where reasonable and the ESA Integration Principle deems possible, existing DSHS systems and acquiring and integrating the other needed functionalities. Unlike the previous options, this option considers each functionality individually and seeks the best possible solution (i.e., leverage current DSHS system or buy and integrate) for each function. This option would reduce the risks inherent in the other options, and it meets the criteria to conform with the ESA Integration Principle completely, unlike any other option.

There are many vendor solutions (as identified by the RFI conducted by the e-Child Care Project) available that effectively meet the overall functionality, requirements, and needs identified by the project. At the same time, ESA and the state of Washington have begun to look at the overall needs of the DSHS enterprise through the Enterprise Architecture Program (EAP) and the ESA Integration Principle and how best to ensure that DSHS functions, data, technologies, and processes are shared across programs, administrations, and other departments. This alternative considers the ability to procure some needed functionality from commercially available systems, leverage existing DSHS systems, and/or enhance existing systems to meet the goals of e-Child Care and the overall DSHS enterprise-wide goals. Using this strategy, components (functionalities) of a vendor-solution system would be procured, modified to meet Washington-specific requirements, and implemented and integrated with existing systems. At the same time, existing systems and functions would be identified that could be shared with e-Child Care and other programs, administrations, and/or departments. As with the previous approach, this alternative would provide all of the desired data, functional, and technical requirements and would integrate many of the functions that currently exist in fragmented data silos today. The advantage of this alternative is that it would leverage existing investments in technology and would facilitate realization of the ESA Integration Principle vision.

■ CSFs

This approach would provide the ability to meet all CSFs and benefits to ensure that it supports child care in Washington.

■ Ability to Satisfy Requirements

The information systems currently used to support child care and early learning programs have been developed over time without an overall architecture and integrated approach; instead, they have addressed only the specific requirements of the organizations that developed them. While it is clear that there is no single existing system that would meet all of the functional, data, security, or interface requirements without significant enhancement, this alternative would allow for a combination of procuring some necessary components and integrating

them with existing systems where practical. For example, commercially available products and existing state systems such as ACES have intake and screening functionality that could easily be manipulated to include data common to all stakeholders in child care. This option addresses the possibility of modifying the existing systems to meet growing and/or diverse user needs in addition to procuring some needed functionality/components.

- ESA Integration Principle

This alternative would ensure that the ESA Integration Principle is met. It would also assure that there is a common functional, data, process, and technology architecture which meets the ESA Integration Principle goals.

- Cost

This alternative would require DSHS to enhance and integrate existing DSHS systems and procure a vendor solution that best meets the needs and requirements of child care stakeholders throughout Washington. This alternative is comparable in price to other viable alternatives based on the RFI and state survey findings. However, there is potential that many of these costs and benefits could be shared by other programs, administrations within DSHS, and other departments in the state. This depends on whether other entities outside the identified scope of this system would be designated to use the system and share in the cost of its development and maintenance.

- Flexible Implementation

This alternative could be implemented in a flexible, phased manner to interface/integrate existing systems with purchased software.

- Risk

The project team deemed that this alternative does not pose a risk that the implementation effort would fail or that the solution would not be technically flexible. This alternative, if deemed viable, would have the proper guidance and support to ensure that it is completed within budget and schedule given the priority set by the Executive Steering Committee for this project. In addition, this alternative would not be deemed viable if it would not present the state with a viable long-term solution that could incorporate other technologies in the future.

- Option Summary

This option has the following pros and con associated with it:

Pros	Con
<ul style="list-style-type: none">■ Meets all ESA Integration Principle goals.■ Has the potential to share costs with other stakeholders.■ Meets all requirements.■ Provides all the needed functionalities for an integrated e-Child Care information system.	<ul style="list-style-type: none">■ Involves complexity related to developing interfaces with existing systems (see complete interface list in System Architecture section).

This approach represents a realistic alternative. It has comparable costs to other alternatives, but it could require significant customization to fully meet requirements. In addition, it would allow for the realization of ESA Integration Principle goals and would meet all functional and technical requirements.

D. ALTERNATIVE EVALUATION MODEL

The process of evaluating alternatives involves using the criteria outlined above and assessing all of the alternatives in terms of those criteria. The matrix was used to score each alternative. Because each criterion was deemed to be critical to meeting the needs outlined earlier, the alternatives were examined by the e-Child Care Project Team to assess their ability to meet the criteria. Given the critical nature of each individual criterion, if an alternative was deemed to not meet one of the criteria, it would indicate that the alternative being considered is not viable. If the alternative was deemed to meet all of the criteria by the e-Child Care Project Team, it would indicate that alternative is definitely viable.

The purpose of the evaluation is to present the alternative that best meets the criteria to support meeting the needs identified by e-Child Care. The evaluation will assist in arriving at the approach that represents the best course of action for DSHS. The intent of this model is not to provide a simple mathematical assessment of the alternatives, because the complexity of the decision-making process cannot be fully captured in the model. The model's intent is to provide a framework for discussion and consensus building relative to the most appropriate course of action to pursue.

EXHIBIT V-2, e-Child Care Project Alternative Evaluation Matrix Example, displays a summary of the six alternatives and the evaluation criteria. This matrix, which will be completed in the next subsection, will be used to score the alternatives and summarize subsection VII.C., Evaluation of Alternatives.

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT ALTERNATIVE EVALUATION

e-CHILD CARE PROJECT ALTERNATIVE EVALUATION MATRIX EXAMPLE

Alternatives	Evaluation Criteria					
	Critical Success Factors	Ability to Satisfy Requirements	ESA Integration Principle	Cost	Flexible Implementation	Risk
1. Buy an Integrated Child Care Information System						
2. Transfer and Modify an Integrated Child Care Information System From Another State						
3. Build a Custom Integrated Child Care Information System						
4. Enhance Existing Systems Over Time to Provide Needed Functionality for an Integrated Child Care Information System						
5. Maintain the Status Quo						
6. Create a Hybrid Solution for an Integrated Child Care Information System						

E. SUMMARY OF EVALUATION

The next step in the process was to narrow the field of possible options based on the needs identified in the Background and Needs Assessment deliverable, the evaluation criteria, direction from the Executive Steering Committee, and an assessment of other state systems and commercially available products. As mentioned earlier, from the original options, two have been discounted as unfeasible based on direction from the Executive Steering Committee, leaving the more realistic options.

The following options were not given further consideration based on the direction provided from the Executive Steering Committee Meeting on January 27, 2004:

- Build a Custom Integrated Child Care Information System
- Maintain the Status Quo (Existing System and Method of Operations)

Eliminating the above possibilities has narrowed the field of potential alternatives to the following:

- Buy an Integrated Child Care Information System
- Transfer and Modify an Integrated Child Care Information System From Another State
- Enhance Existing Systems Over Time to Provide Needed Functionality for an Integrated Child Care Information

In addition, the following solution was created by the project team as a result of an analysis of the other potential alternatives and is intended to combine the most desirable features of the potential alternatives:

- Create a Hybrid Solution for an Integrated Child Care Information System

Using the direction provided by the Executive Steering Committee and the high-level evaluation presented above, the e-Child Care Project Alternative Evaluation Matrix has been completed by the project team (see EXHIBIT V-3). The proposed solution will be discussed in the next subsection.

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT ALTERNATIVE EVALUATION

e-CHILD CARE PROJECT ALTERNATIVE EVALUATION MATRIX – COMPLETED

Alternatives	Evaluation Criteria					
	Critical Success Factors Met	Ability to Satisfy Requirements	ESA Integration Principle Met	Cost ¹	Flexible Implementation	Risk Level Acceptable
1. Buy an Integrated Child Care Information System	Yes	Yes	No	\$4M to \$6M	Yes	Yes
2. Transfer and Modify an Integrated Child Care Information System From Another State	Yes	Yes	No	\$4M to \$6M	Yes	Yes
3. Build a Custom Integrated Child Care Information System	Not Viable Based on Executive Steering Committee Direction					
4. Enhance Existing Systems Over Time to Provide Needed Functionality for an Integrated Child Care Information System	No	No	No	N/A	N/A	N/A
5. Maintain the Status Quo	Not Viable Based on Executive Steering Committee Direction					
6. Create a Hybrid Solution for an Integrated Child Care Information System	Yes	Yes	Yes	\$4M to \$6M	Yes	Yes

¹ Cost is based on state peer survey results and RFIs submitted by vendor community. This cost represents a midpoint range of the costs identified in the survey of other states and the RFI responses.

F. PROPOSED SOLUTION

The alternatives analysis identified six possible options, narrowing the choices to the most viable alternative for managing child care operations in the future. Based upon analysis and comparison of the identified alternatives, the solution that best meets DCCEL's needs is developing a hybrid system that leverages existing technology within DSHS, in addition to procuring needed functionality from commercially available systems, to meet the goals of e-Child Care and the overall DSHS enterprise-wide goals.

Several factors support this hybrid-based alternative. The solution's increased ability to deliver the required functionality, open systems architecture, use of mainstream technology, and high degree of flexibility are all deciding factors involved in arriving at this recommendation. This recommendation is based on a review of the key factors identified in the alternative evaluation model. Further details of the factors are presented in EXHIBIT V-4.

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT ALTERNATIVE EVALUATION

HYBRID SOLUTION ALTERNATIVE FULL EVALUATION

Evaluation Criteria/Subcategory	Description/Considerations
A. Critical Success Factors/Benefits	
A.1 Process improvement.	A hybrid solution would integrate different functionalities and lead to process improvement.
A.2 Improved health and safety.	Better access to integrated information would enhance the health and safety of children in regulated child care in Washington, which the hybrid solution would provide.
A.3 Reduced payment errors and enhanced program integrity.	This system would enforce program business and payment rules, eliminating most payment errors with the help of policy changes.
A.4 Enhanced management information access.	An integrated hybrid system would provide for access to quality management data.
B. Ability to Satisfy Requirements	
B.1 Ability to meet functional requirements.	This solution would be customized to meet all requirements.
B.2 Ability to meet performance requirements.	A hybrid system may have performance issues due to multiple interfaces required for processing data.
C. ESA Integration Principle	A new system would utilize industry-standard technologies and support the ESA Integration Principle vision by ensuring that current technology standards, functions, and infrastructure are leveraged. This solution will require the integration of vendor-purchased software with existing systems and programs.
D. Cost	A hybrid approach would allow for the leveraging of existing hardware and software, would not require additional organizational capabilities to support, and has the potential for sharing costs across administrations and programs.

Evaluation Criteria/Subcategory	Description/Considerations
E. Flexible Implementation	The ability to leverage some existing systems, functionality, and infrastructure, along with the integration of some commercial off-the-shelf (COTS) functionality, will allow the project to be completed in a flexible, phased manner that considers the need to replace some components/functionality before others.
F. Risk	
F.1 Risk that the implementation project will fail.	The project sponsors, user community, and Executive Steering Committee are committed to making this project a success. Appropriate resources, plans, and oversight will ensure that this project remains on schedule and within scope.
F.2 Risk that the solution is not technically flexible enough.	This option would be flexible by utilizing some existing systems, infrastructure, and software, which would decrease the need to introduce new technologies and tools that cannot be supported. In addition, users and support personnel would already be familiar with some aspects/functionality of the new system, and once implemented it could be seamless to the users.

VI. SYSTEM ARCHITECTURE

VI. SYSTEM ARCHITECTURE

The system architecture presents a high-level description of the major system components and outlines how the diverse aspects of the system will interact. The purpose of the system architecture is to describe how the system will be constructed, articulate how the major business requirements will be addressed, provide an outline of the technology, and provide the basis for future implementation considerations especially for deployment planning and definition of associated costs.

The e-Child Care system would perform three primary purposes. It will serve as a central data repository for all child care-related information, provide information necessary to manage providers and their associated services, and function as a platform for distributing information electronically to diverse stakeholders. The system's functions can be examined from different perspectives, including:

- Function.
- Data.
- System interfaces.
- Technology.
- Security.

These components are discussed in the remainder of this section under the following subsections:

- Data Architecture
- Functional Model
- Interface Specifications
- Security Architecture
- System Technical Architecture

A. DATA ARCHITECTURE

The data architecture provides a summary of the major data tables that will be required for the e-Child Care system. For each table, there is a brief description of the type of data that will be included as well as a description of the key links to other system tables. The data architecture does not include lookup or reference tables that are used for such functionalities as pick lists, drop-down values, or other data validation purposes. These additional data tables to include the specific data

attributes will be fully defined during the system design phase of the project. The purpose of the data architecture is to describe the major data elements of the system and to categorize them into logical groups. These data elements can be used to help design the e-Child Care system.

The major data groups presented in the architecture are:

- Provider and Facility
- Staff and Training
- Child, Family, and Eligibility
- Services and Payment

Each of these data areas and their specific tables are discussed below.

1. Provider and Facility

Provider and facility data is used to collect information related to the providers and the child care facilities that these providers operate. Since it is possible that a provider may operate multiple facilities, the information related to the providers and facilities should be separated to help ensure consistency and avoid duplication of data entry. The major data tables in this area are as follows:

■ Provider

The Provider table contains information that is unique to child care service providers and connects these providers to payment, staff, and facilities information. This table has information such as provider name, billing information, and an indication of the type of provider. It needs to be linked to the Provider Payments, Grant Awards, Staff Information, Associated Persons, and Facility tables.

■ Facility

The Facility table is a central data component in the system. It contains information specific to a child care facility, such as name, address, and the type of license it has. This table is used to connect child information with service and facilities information. It should be directly linked to many other tables, including Provider, Staff Information, Health and Safety Inspection, Complaints, Facility Events, Facility License, Facility Contacts, Service Authorization, and Services Offered.

■ Facility Contacts

The Facility Contacts table contains information related to the contact information at each facility. It permits the system to maintain information of multiple contacts for each facility. A flag is used to note the primary contact for each facility. This table will be linked to the Facility table.

■ Facility Events

The Facility Event table contains a chronology of events that have occurred or are scheduled to occur at each facility. It provides the data to enable event triggers and ticklers, as well as a method for maintaining a log of action or events that have occurred. This table is directly associated to the Facility table.

■ Facility License

The Facility License table contains information related to the licenses that a facility currently has as well as a history of previous licenses that have expired or been revoked. This table enables the system to maintain multiple licenses for a given facility as well as to maintain a licensing history. It is also directly associated to the Facility table.

■ Services

The Services table defines each existing service provided by the licensed child care providers. It needs to be linked to the Services Offered table.

■ Services Offered

The Services Offered table contains information related to the services that are offered by a facility as well as the availability at each facility. It also includes the rates being charged for each service. This table enables a mechanism to match a client to a specific provider and facilities that offer the required services. This table should be linked to the Facility table.

■ Health and Safety Inspection

The Health and Safety Inspection table contains information about the current and all future health and safety inspections at each facility. It enables the system to enter information related to inspections and maintain a history of previous inspections. This table should be linked to the Staff Information table so that the system can present information on pending workload for inspectors. It must be linked to the Facility table.

■ Complaints

The Complaints table contains information related to complaints and associated follow-up activity. It enables the system to enter information related to a complaint, the actions taken, person assigned, and dispositions. The system maintains a history of all previous complaints associated with a facility. The table needs to be linked with the associated investigator(s) to facilitate workload management. It should be linked to the Facility and Staff Information tables.

■ Investigations

The Investigations table contains information related to the investigation, findings, and outcome of the investigations. This table needs to be linked to the Complaints, Facility, and Staff Information tables, as well as the associated investigator(s).

■ Associated Persons

The Associated Persons table provides a means for collecting information related to persons who are associated with a facility or provider but are not direct service providers. This provides a method for recording information on individuals who are over 16 years of age and are associated with the facility. This table is related to the Background Check table to provide a connection between nonemployees and the associated background checks.

■ Grants Awards

The Grant Awards table contains information related to grants that have been awarded to providers. It contains specific information of the grant awarded to include the name of the grant, the grant provider, the amount granted, as well as the start and end dates for the grants. This table should be linked to the Grants table to provide correlation of grant-specific information, including amount availability, filing deadlines, and outcome requirements. This provides a means for recording current grant information as well as providing a history of previously awarded grants. This table should be linked to the Provider table.

■ Grants

The Grants table contains all grants that are available for award, including a description of the grant and the fund availability. It should be linked to the Grant Awards table to provide the capability to track grants awarded to multiple providers.

2. Staff and Training

Staff and training data is used to collect information related to staff and associated training. The staff includes both state and provider employee information. The information captured encompasses background checks, credentials, and children assignments. The major data tables in this area are as follows:

■ Staff Information

The Staff Information table is used to record information about individuals who work for providers or are employed by the state in managing child care services. It is used to record individual information and provides a link to background check information. This table should be linked to the Position table which enables the system to track different positions that an individual has held in the child care system. The Staff Information table should be linked with many other staff-related tables, including Provider, Health and Safety Inspection, Complaints, Background Check, Position, Language, Credentials, and Training History tables. This table is a central component of the database schema as illustrated by the number of links to other tables.

■ Position

The Position table contains information related to each staff member's current position and a history of positions that he/she has held in the past. It has information related to the position, dates the positions were held, and the organization in which the position was held. This table needs to be linked to the Staff Information table.

■ Training History

The Training History table contains information related to a staff member's training history. It contains information such as the course name, dates of course, completion status, training location, and instructor. This table needs to be linked to the Staff Information table.

■ Background Check

The Background Check table contains information related to the criminal history, child abuse, adult abuse, and motor vehicle records checks. This information is collected for staff and other associated persons. This table needs to be linked to the Staff Information and Other Associated Persons tables.

■ Credentials

The Credentials table contains information pertaining to the credentials that a staff member has earned. It can include both state and provider staff if desired. This table includes data such as name of the credential, the accrediting body, the effective date, and the renewal date and status. This table should be linked to the Staff Information and Training Programs tables.

■ Training Programs

The Training Programs table contains information related to required courses that are available for staff to meet specific credentials. It contains information such as course and program name, required hours, and the frequency with which the courses are offered. This table should be linked to the Credentials and Available Training tables.

■ Available Training

The Available Training table contains information related to training courses that are currently being offered. It includes information such as course name, course description, course dates, location, cost, prerequisites, and instructor. This table needs to be associated with the Training Programs table discussed previously.

EXHIBIT VI-1 depicts how the e-Child Care system can utilize the data elements described above from the provider and facility as well as staff and training data groups to enable provider workload management capabilities. This process is depicted using a provider data flow perspective. Please refer to EXHIBIT VI-A-1 in APPENDIX VI-A for an explanation of the coloring scheme used in all the exhibits presented in this section. APPENDIX VI-A also provides an overview of the source and history of these exhibits.

3. Child, Family, and Eligibility

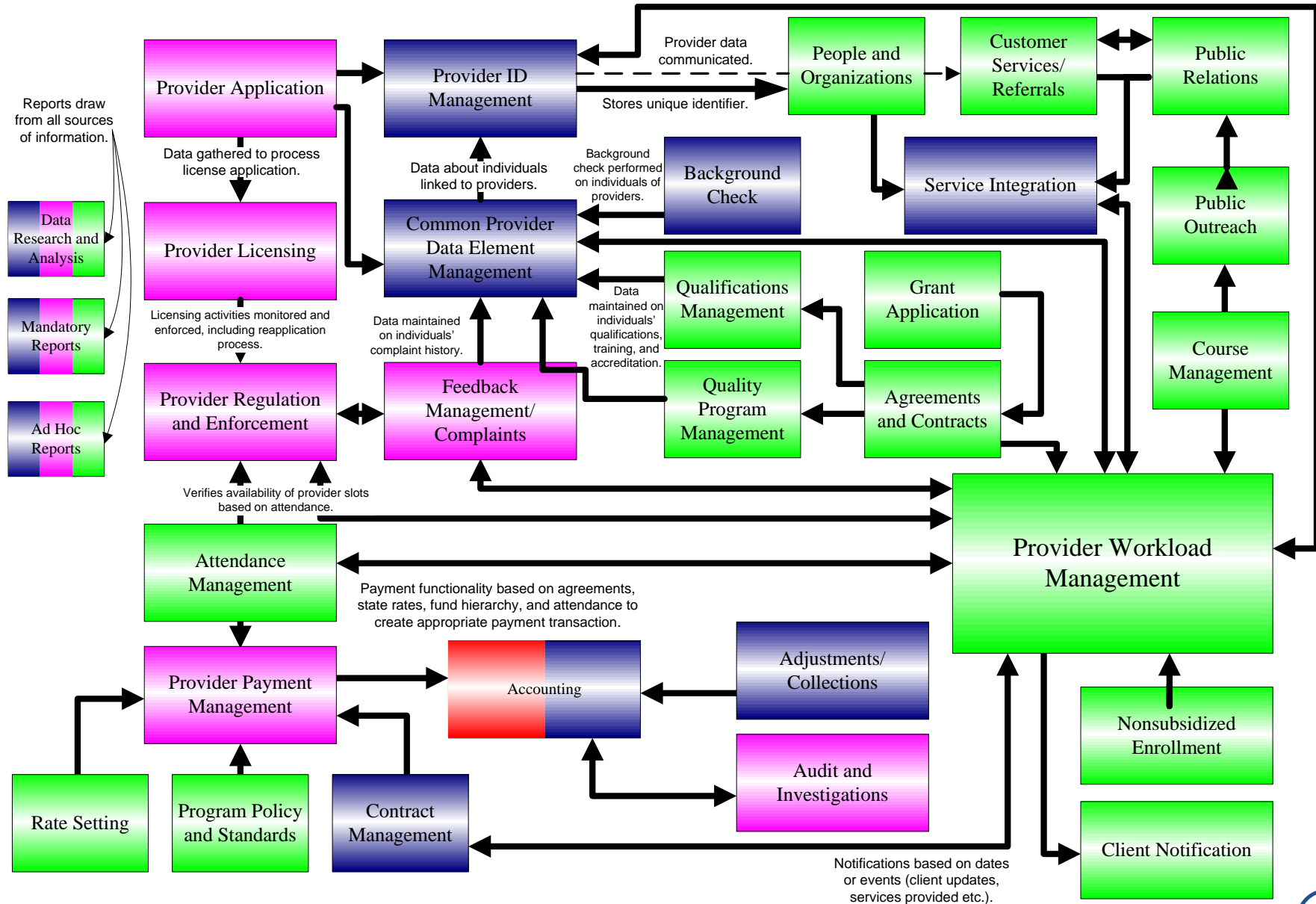
Child, family, and eligibility data is used to collect information related to subsidized services received by a client and subsidy eligibility determination information. Based on the ESA Integration principle and the common data used by all ESA eligibility functions, subsidy child care (child, family and eligibility) data will be integrated with the current ESA eligibility system (ACES). The major data tables in this area are as follows:

■ Eligibility Information

The Eligibility Information table contains information needed to determine client eligibility for subsidized services. Based on the common function and user community, this table or

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PROVIDER DATA FLOW



data set will be integrated with ACES data and reside in the existing relational platform supported by ACES and ITD (i.e., DB2). This information should be linked to child and family data.

■ Service Preferences

The Service Preferences table contains information related to a family's need for services and any associated preferences. It includes information such as services requested, location of services, and time preferences. This table also needs to be linked to child and family data.

■ Special Needs

The Special Needs table contains information related to any special needs that a child may have. Its structure enables the system to maintain multiple special needs for a child as well as provide a history of no longer active special needs. This table must link to child and family data.

■ Authorized Persons

The Authorized Persons table contains information related to individuals that are associated with the child. This may include parent, relatives, or other persons that are authorized to interact with the child in the child care setting. This table contains information related to the individual's name, address, and other contact information. It should be linked other tables such as Language and Work Schedule tables.

■ Work Schedule

The Work Schedule table contains information related to an authorized person's work schedule. This includes such information as dates and work hours, employer, as well as contact telephone number. This table must be directly associated with the Authorized Persons table.

■ Language

The Language table contains information related to the languages that an individual speaks. This includes staff, children, and authorized individuals (family members). The table allows more than one language to be associated to an individual but should provide the ability to designate one language as the primary one. This table should be linked to the Staff Information and Authorized Persons tables as well as child and family data.

EXHIBIT VI-2 depicts how the e-Child Care system can utilize the data elements from the child, family, and eligibility data group and combine them with data elements described previously to provide case workload capabilities. The process is depicted using a client data flow perspective.

4. Services and Payment

Services and Payment data is used to collect information related to the services that a child receives, services that have been authorized for subsidized payment, and payments and/or adjustments made to providers. Based on the need to integrate “Services and Payment” data with other subsidy data in the authorization and payment processes, the data tables for services and payments will be integrated with ACES data and reside in the existing relational platform supported by ACES and ITD (i.e., DB2). The major data tables in this area are as follows:

■ Service Authorization

The Service Authorization table contains information related to the services that have been approved for subsidized care. This includes the child’s name, the authorized facility, the number of approved hours of service, the services to be received, and start and end date of the approved services. A child may have multiple service authorizations and the table contains information that provides a history of all authorizations to include the expired ones. This table should be linked to child and family data, as well as the Child Services Provided and Facilities tables in order to provide a direct correlation between those data elements with the services authorized.

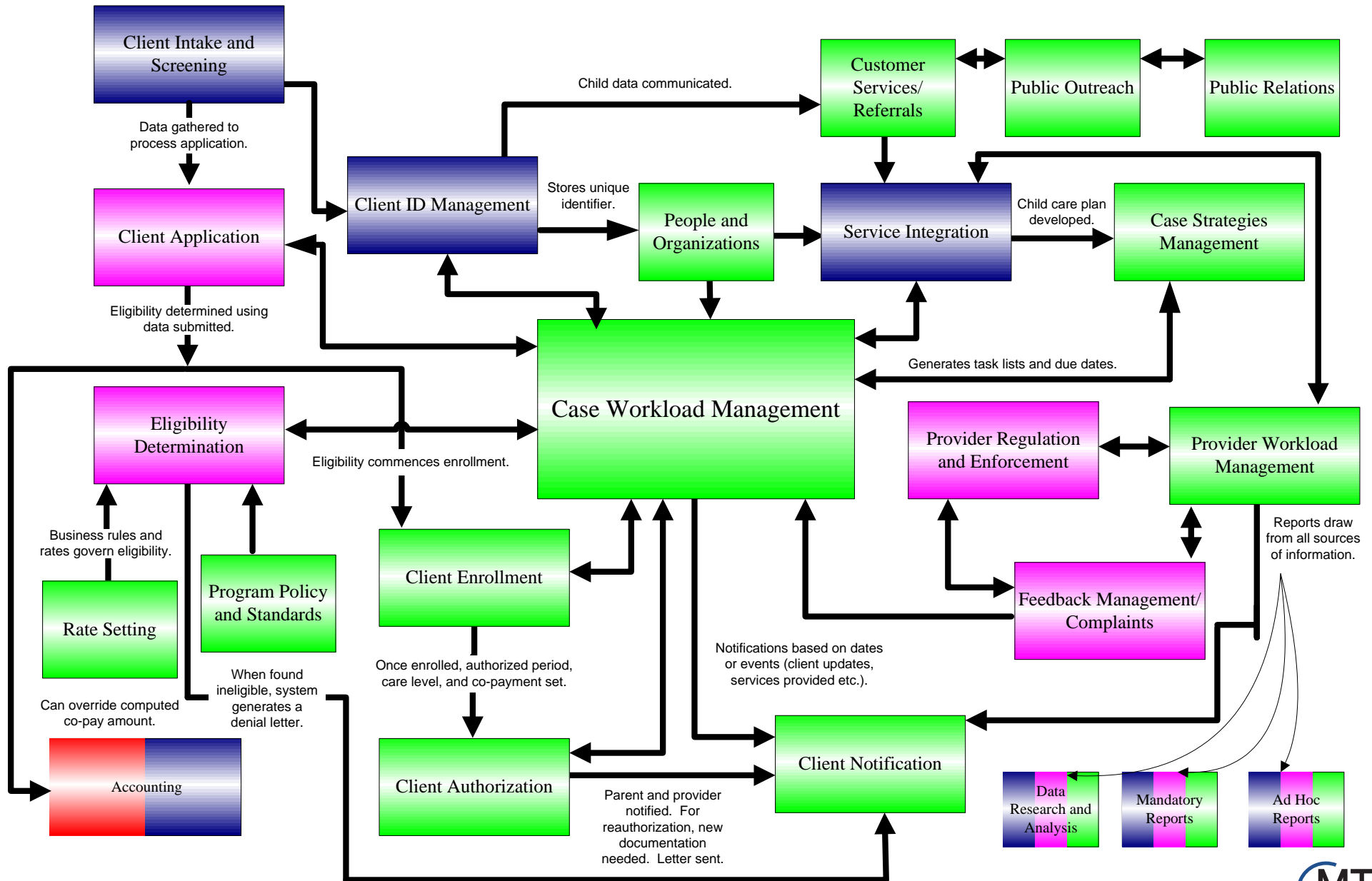
■ Child Services Provided

The Child Services Provided table contains information related to the actual services that a child receives from a provider. It contains data that includes provider and child names, services provided, hours of services, and service start and end dates. A child may have multiple entries in this table. The table also includes a history of services that have been provided to the child in the past. This table needs to be linked to the Provider Payments and Services Authorization tables.

■ Provider Payments

The Provider Payments table collects information related to payments that are made to providers through an interface with the MMIS or SSPS system. It includes both current period payment information as well as payment history information. The data in this table includes the provider name, the pay period, the amount of the payment, and the method for the payment. This table should be linked to Adjustments, Provider, and Child Services Provided tables.

CLIENT DATA FLOW



■ Adjustments

The Adjustments table contains the information required to make adjustments to provider payments. The data in this table includes the type of adjustment, the amount of the adjustment, the adjustment date, and the reason for the adjustment. This table needs to be directly associated with the Provider Payments table.

EXHIBIT VI-3 depicts how the e-Child Care system can function as a data bridge that utilizes the data elements from all four data groups described previously to provide service integration capabilities.

B. FUNCTIONAL MODEL

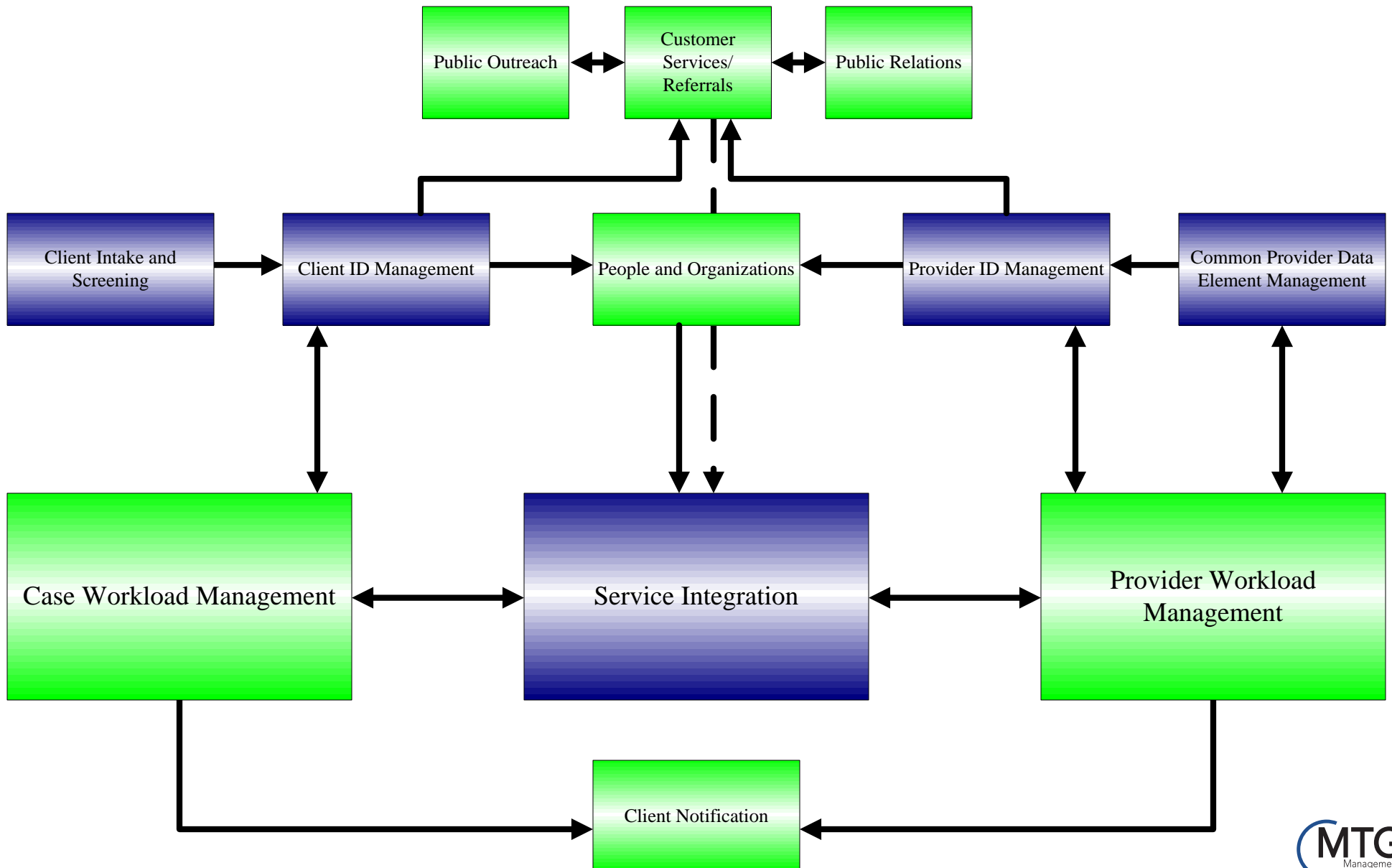
The functional model describes the high-level business functions provided by a future e-Child Care System. EXHIBIT VI-4 illustrates the functional hierarchy for the e-Child Care system before aligning with the Enterprise Architecture Program (EAP) of the Department of Social and Health Services (DSHS). After meeting with EAP, the terms and the categories were revised to meet the EAP standards where possible. This system, as envisioned, has a number of subsystems and has been designed in a manner that would provide the maximum amount of flexibility for the Division of Child Care and Early Learning (DCCEL) in an effort to minimize the potential disruption of existing processes and work flows. In addition, the functionalities will interlink with other DSHS systems and could also interface with other state systems, in order to provide more seamless continuity of care and service. Segmentation into architecturally discreet components will provide some flexibility in developing the entire system in a staged manner. EXHIBIT VI-5 displays the functional decomposition after the revisions to align with DSHS EAP.

For purposes of structuring this subsection, 10 high-level functional areas have been identified:

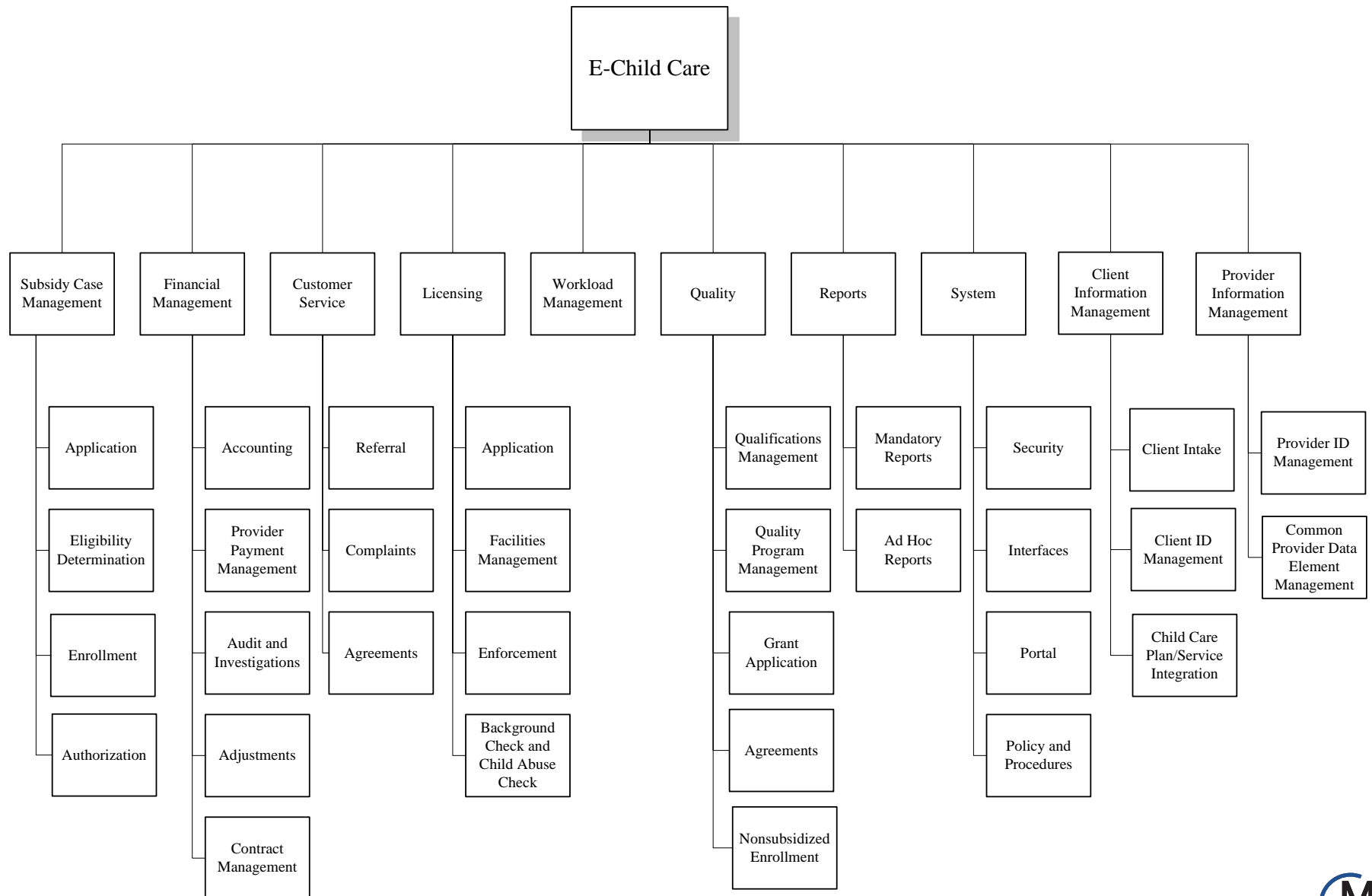
- Client ID Management
- Subsidy Case Management
- Provider ID Management
- Provider Relationship Management
- Fiscal Management
- Public and Media Relations
- Program and Service Definition
- Quality Initiatives

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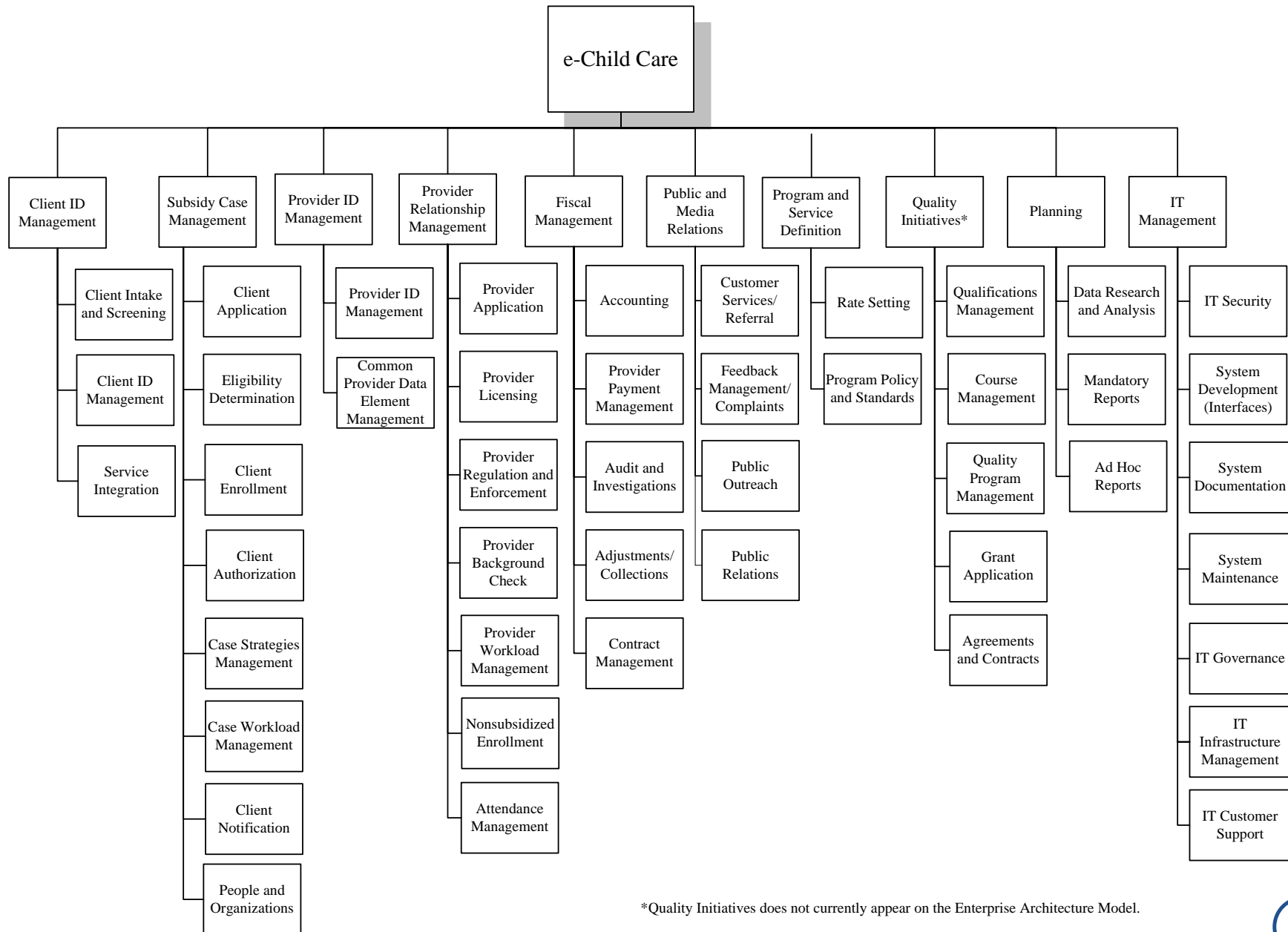
DATA BRIDGE



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ORIGINAL FUNCTIONAL MODEL



WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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UPDATED FUNCTIONAL MODEL



*Quality Initiatives does not currently appear on the Enterprise Architecture Model.

- Planning
- Information Technology (IT) Management

Each of these areas is discussed in greater detail below. These functional areas were used for the document presentation because they seemed to be logical operational groupings and because they supported the delineation of system requirements. The actual interaction of the system components is impossible to depict in a diagram as many of these functions are closely tied to, and interact with, one another in order to perform their tasks and achieve their purposes.

1. Client ID Management

Client ID management refers to functionality that allows for the management of basic client identification and related reference information for use by all processes. DSHS efforts to implement a “common client identifier,” along with the integration of child care subsidy data with ESA eligibility data (ACES), and the business requirement to integrate the presentation of e-Child Care with other ESA case management/eligibility systems require that some functions within Client ID management leverage existing functionality within ESA systems while other functions may be developed as unique modules outside existing systems. This level of integration supports the decision that all functions in Client ID management be developed within the same platform, technology, and environment of the existing ESA edibility system (ACES). The WebSphere J2EE architecture in place within ACES provides a platform that can integrate those common functions with existing system modules, while allowing others to be developed as independent code sets.

- Client Intake and Screening

This functionality refers to the intake of a client and the data gathered to support child care authorizations. It supports the user in determining whether complete information and accompanying documentation has been submitted. In addition, this functionality can be used to help with client screening, ACES ID, food needs, and medical needs. This function should leverage existing common functions within the ESA eligibility application (ACES) to support the common data elements and integrated services.

- Client ID Management

This functionality provides for management of client history information, service history, work schedules, special needs information, etc., that are related to children and families receiving subsidized child care services. This function should leverage existing common functions within the ESA eligibility application (ACES) to support the common data elements and common client ids.

■ Service Integration

Service integration strives to provide for continuity in child care planning and services. This is a function that serves to record in one place all of the plans (e.g., Individualized Education Plans [IEPs], food plans, medical plans, disability plans) created by other agencies and organizations for the subsidy child. High-level data about the type of plan, the initiating plan agency, agency case manager, and plan recommendations are captured in order to facilitate a holistic view of the subsidy child. Using the data from the plans initiated by other agencies, this functionality would assist in the creation of a plan to outline goals and outcomes specific to child care. Although this function leverages data that is common with other ESA eligibility systems, the functionality of this process can be supported in a unique code set that leverages existing platforms and technology within ESA.

2. Subsidy Case Management

Subsidy case management is a key element in an integrated system supporting DCCEL. The subsidy case management functionality must support applications, eligibility determination, and enrollment. While the functions supported are generic, the manner in which they are performed is unique to the e-Child Care environment. This functionality allows the user to collect, search, or update information related to eligibility determination and child and family information. It also allows the user to perform referrals and service matching based on the outcome of a family's eligibility determination, to search and/or read client history, and to assign care authorization. The subsidy case management functionality for e-Child Care enables authorized users (authorizing workers, Licensing Staff, Resource and Referral partners, parents, etc.) to collect and retrieve information related to children and their families, such as special needs, work schedules, service preferences, eligibility, and income information. It also allows users to manage their workloads. Subsidy case management should include a search function, as well as the capability to generate electronic notifications when planned events are scheduled to occur. When established notification dates arrive, a message would be sent to a caseworker. In addition, this functionality provides the capability to maintain notification-related information. Although this function leverages data that is common with other ESA eligibility systems, the functionality of this process can be supported in a unique code set that leverages existing platforms and technology within ESA.

■ Client Application

This functionality allows the application for subsidized child care to be completed. This would allow either online or manual completion of an application. Although this function leverages data that is common with other ESA eligibility systems, the functionality of this process can be supported in a unique code set that leverages existing platforms and technology within ESA.

■ Eligibility Determination

The system automatically determines eligibility using the data submitted, system tables outlining eligibility income and family size requirements, and coded business rules specific to Washington. The system also automatically determines the hours per week that child care is needed based on the parents' and child's schedule. This functionality also allows authorized users (e.g., Authorizing Workers, providers, families) to view eligibility data, the computed co-pay amount, etc. This may be overridden by a user with the appropriate permission to indicate some other amount of authorized care. Results, which can only be used for observations, are determined by business rules that govern eligibility. If found to be ineligible, the system could facilitate the generation of a denial letter. Provisions must also be made in the system to create a wait list if a child has been found eligible but insufficient funds are available. This functionality is one of the most important tasks performed by the system, but the actual eligibility function is invisible to the user. Although this function leverages data that is common with other ESA edibility systems, the functionality of this process can be supported in a unique code set that leverages existing platforms and technology within ESA.

■ Client Enrollment

If determined to be eligible, the next task is to enroll the child with the provider selected by the parent. All enrollments over time for a selected child can be viewed by authorized users. Although this function leverages data that is common with other ESA eligibility systems, the functionality of this process can be supported in a unique code set that leverages existing platforms and technology within ESA.

■ Client Authorization

This functionality produces the authorization that advises the parent and provider of the currently authorized period, care level, and the co-payment amount while also providing contact and demographic information about the parent, child, provider, and Authorizing Worker.

Reauthorization is managed by the system by tracking eligibility expiration dates and alerting the assigned user of the need for a new eligibility determination, as well as creating a letter to the subsidy applicant to provide new documentation.

■ Case Strategies Management

The case strategies management functionality supports the development and management of any child care plans for the subsidy child. This includes allowing for development of a plan created by DCCEL to outline goals and outcomes specific to child care. This also provides

for linkages to the service integration functionality¹ to ensure that information from other agencies' plans are considered. It includes information about the initiating plan agency and agency case manager and captures plan recommendations in order to facilitate a holistic view of the subsidy child. Although this function leverages data that is common with other ESA eligibility systems, the functionality of this process can be supported in a unique code set that leverages existing platforms and technology within ESA.

■ Case Workload Management

This functionality will allow users to manage case workloads and related information, including background checks due, client updates (e.g., changes in circumstance, updated demographic data, special needs), services provided, etc. In general, this functionality allows the user to track, manage, and update information related to the intake of family data, determination of eligibility, matching of the child to a provider based on parental preferences, development and authorization of the child care plan, monitoring/tracking of service delivery, and referral of families to other related health and social service programs. Case workload management is one of the most important tasks performed by the system, but the actual function is invisible to the user. Only the results of this complex functionality are observed. What types of cases should exist, when they should be created or closed, to whom they should be assigned, what task items they should contain, and who can view them are determined by the business rules.

Beyond the management of cases, management of the work itself is facilitated through work item due dates and work lists. The purpose of these items is to keep the Authorizing Workers continuously apprised of the tasks they must do and the time frame within which they must complete them. This helps Authorizing Workers to better manage their duties and supervisors to better manage the workload of their staff.

■ Client Notification

The client notification functionality refers to the generation of notifications (letters, e-mails, etc.) based on established notification dates or events. This includes creating letters to subsidy applicants to provide new or additional documentation and outcome letters for providers based on investigations or complaints. Although this function leverages data that is common with other ESA eligibility systems, the functionality of this process can be supported in a unique code set that leverages existing platforms and technology within ESA. Based on the significant investment by ESA and DSHS in print and mailing operations, this function is

¹ The service integration function was previously defined and discussed in detail in subsection X.B.1, Client ID Management.

required to leverage existing output and mailing functions and will be integrated with ACES output hardware and software.

■ People and Organizations

People and organizations support efficient database structures for handling the common data elements such as address, unique identifiers (alternate references), and contact information such as telephones and e-mail addresses for people or organizations.

An individual will be recorded only once in the system and will be system-assigned a unique identifier that is not dependent upon any other identifier assigned by other entities or agencies. It is then possible for an individual to be a user, a client, or a person employed by a provider and the data about each of these roles linked to that particular individual. This structure not only is efficient in preventing the need to enter data that already exists in order to give the person a new role, but it also provides the best picture of each person by having all data about that person in all his/her roles available for viewing according to user access.

3. Provider ID Management

Provider ID management refers to the management of basic provider identification and related reference information for use by all DSHS enterprise processes.

■ Provider ID Management

This provider ID management functionality contains information that is unique to a child care service provider. It allows the user to search for, update, and manage information such as provider name, billing information, and type of provider.

■ Common Provider Data Element Management

This functionality allows the user to record, search, and manage information related to individuals who work for providers or are employed by the state in managing child care services. This functionality is used to record individual information and provides a link to background check information. It also allows the user to track positions, credentials, complaints, training history, staff demographics, etc., for individuals in the e-Child Care system.

4. Provider Relationship Management

The provider relationship management functionality gives authorized users the ability to manage facility licensing information including status of license, type of license, expiration dates, facility events (e.g., monitoring visits, health and safety inspections), and facility contacts. It gives

Licensing Staff the ability to view/update all relevant information and prompts authorized users when relicensing must occur. This functionality would also allow for the sharing of provider regulatory history with other administrations and stakeholders. In addition, this functionality enables management of incidents/complaints, investigations/reviews, and background check updates, while allowing users to monitor outcomes.

- Provider Application

Applications for licensed facilities, certified facilities, and legally exempt providers are different and contain different data depending upon the applicable rules and regulations. The system must support all application types (i.e., Licensed Programs, Certified Programs, Exempt Providers) as well as the associated checklists, letters, and notifications.

- Provider Licensing

The provider licensing functionality allows authorized users to track and manage information specific to child care facilities such as names, addresses, and the types of licenses they have.

- Provider Regulation

Provider regulation encompasses all licensing activities once the application has been completed, processed, and approved. The major activities of regulation are manifested in the system through monitoring visits and complaint investigations, which are initiated for various reasons from supplying technical assistance to the provider to investigation of a complaint. As a result of the findings of monitoring visits, corrective actions may need to be taken and, failure to perform the corrective actions may result in license actions affecting the status of the provider's license either through probation, suspension, revocation, or license conditions.

This functionality should support the display and searching of all licensing regulations so that the appropriate regulation can be cited for all actions taken by the Licensing Staff.

This functionality also includes the reapplication process, which is for the most part a replication of the initial license application process and occurs at the frequency determined by the regulations appropriate to the type of provider.

- Provider Background Check

Background checks are performed for persons who are child care providers or associated with them. These include not only the provider staff, but also the persons living in the homes of certified and legally exempt providers when care is rendered in the legally exempt provider's home.

This functionality supports the entire record check process from authorization through outcome. Findings from multiple databases such as background checks and child abuse checks are documented in the system. If a prohibited person is found as a result of a background check, notification of the right to appeal is provided.

- Provider Workload Management

Provider workload management provides Licensing Staff with the ability to view/update all relevant provider information and prompts users when events such as relicensing must occur. In addition, this functionality enables management of incidents/complaints, investigations/reviews, and background check updates, while allowing users to monitor outcomes.

- Nonsubsidized Enrollment

The purpose of nonsubsidized enrollment functionality is to obtain enrollment data about children whose care is not paid by DCCEL. However, this data allows DCCEL to get an overall picture of all children in child care in the state of Washington, regardless of their method of payment. Nonsubsidized enrollment encompasses several functions intended to allow for recording of enrollment data for nonsubsidized children and for the input of this information in the database.

- Attendance Management

The attendance management functionality allows for the tracking, management, and updating of client attendance information. It enables users to verify availability of provider slots based on the number of contracted, assigned, reserved, or available slots.

5. Fiscal Management

Fiscal management functions support the creation of payment transactions for all payments created by the system, the creation and maintenance of fund accounts and balances, and the adjustment of payments paid. Because DSHS has determined that MMIS will be the enterprise fiscal management solution, all payments will be processed through MMIS in the future.

- Accounting

Accounting functions include establishing funds and budgets at the beginning of the fiscal year and monitoring and maintaining fund balances through transaction history and funds transfer functionality. The system automatically debits the appropriate funds when payments are processed.

This functionality also supports both payment of fees by parents or licensed providers and the future need for the receipt of fees. These transactions are linked to organizations, persons, or both and create debits or credits to the fund balances as appropriate.

Also within the category of accounting is functionality to support analysis of “what if” conditions of changing existing subsidy payment determinants (rates, child age categories, federal poverty level, state median income); the e-Child Care system would compute the impact of the change based on the current system subsidy population. In addition, this functionality supports the generation of W2s and 1099s for federal reporting.

- Provider Payment Management

The provider payment management process in the system is almost entirely invisible to the user. The subsidy payment process within the e-Child Care solution will be designed to support the use of the projected enterprise-wide provider payment system that is part of the DSHS MMIS application. Based on target implementation dates, there is the possibility that e-Child Care will be in production and making provider payments before the DSHS enterprise provider payment system is implemented. In that event, the current child care provider payment system (SSPS) would be enhanced slightly to allow for e-Child Care to interact and interface with the same architectural solution as if the final solution were in place. This additional cost and effort have been included in the cost-benefit analysis. The payment functionality would use system tables, such as the state rates, provider rate agreements, and fund hierarchy, in conjunction with inputs created for other purposes such as attendance or agreements, to create the appropriate payment transaction that will be transmitted for actual payment through an interface with MMIS.

- Audit and Investigation

This functionality allows the user to investigate and manage fraudulent or incorrect child care subsidy claims submitted by providers.

- Adjustments/Collections

The term “payment adjustments” is used to mean changes to previous payments involving additional payments and/or recoupments of overpayments. Recoupment is processed through the Office of Financial Recovery. Overpayments may be recouped all at once from a future payment or on a percentage or fixed-amount repayment schedule. Other overpayments may be recouped by direct payments, which are also then handled through the Office of Financial Recovery.

- Contract Management

This functionality allows the user to create and manage contracts with providers.

6. Public and Media Relations

The public and media relations area contains functions that involve or impact clients but which do not fit well within another area such as subsidy or licensing. For example, referrals can, and will, be performed for subsidy clients. They can also be easily performed by members of the general public.

- Customer Services/Referral²

The customer services/referral functionality is associated with providing customers with information regarding service offerings and managing the interactions and relationships with those customers. This functionality encompasses all of the tasks necessary to support the ability to refer clients to appropriate child care providers. The provider referral agreement is used to collect the additional data about providers needed for referral but not required for licensure or registration.

A customer's intake is completed for customers who are not subsidy clients in order to collect demographic data about the persons requesting referral. If referrals for other services, such as Medicaid or Head Start, are made or recommended, these additional services need to be recorded.

A search for providers who meet the family's needs can be performed using either preformatted or user-selected search criteria. The results of the search are saved to document the providers who have been included in any referral.

- Feedback Management/Complaints

The feedback management/complaints functionality supports the receipt of a complaint and its assessment to allow for linking the complaint to a person or organization, rejecting the complaint due to lack of information to initiate an investigation, or linking the new complaint to an existing complaint. The complaint may contain multiple allegations, each of which can be separated into an individual item for tracking, assignment, and investigation. If an allegation is assigned to a Licensing Staff member or other investigator, a complaint visit/investigation is task-listed so that the investigation of a complaint allegation fits within the usual work task flow.

² Referral functionality is not intended to dictate who performs the actual work/process of providing referral services. It is intended to ensure that a linkage exists between the Resource and Referral data and state data.

■ Public Outreach

The public outreach functionality refers to the marketing of the available services, products, and programs to the general public in an attempt to promote awareness and increase the number of customers and beneficiaries of those services and programs.

■ Public Relations

This functionality includes efforts to promote DCCCEL's image through the effective handling of citizen concerns.

7. Program and Service Definition

The program and service definition functionality allows authorized users to effectively develop program policy and monitor the implementation of that policy for program responsibilities. This includes the ability to manage and update provider or regional rates.

■ Rate Information

This functionality allows the authorized user to record and manage rate information related to individual providers. This can include functionality to support differential rate structures, regional rates, etc.

■ Program Policy and Standards

This functionality provides the capability to access, search, and update policy and procedures online in real time.

8. Quality Initiatives³

The quality initiatives functions focus on the improvement of child care facilities' services and availability and the enhancement of the education, training, and experience of the individuals providing child care.

³ The category of Quality Initiatives does not currently appear on the Enterprise Architecture Model; it is special to DCCCEL. However, EAP staff will be revisiting this functionality at a later date once more systems are mapped out like those of DCCCEL. If another system is found to have the same functionality, EAP staff will inform DCCCEL if there are changes to the category and subcategories.

- Qualifications Management

The qualifications management functionality maintains information about child care positions and the qualifications someone must have to be in a specified position. It also documents the credentials, education, work experience, and program participation of individual staff.

- Course Management

Course management supports the creation and maintenance of information about approved course work (higher education classes and professional development workshops and seminars) for child care and early childhood education. It may be used to support the development of a course calendar and the selection of classes, workshops, and seminars for staff qualifications.

- Quality Program Management

Quality program management includes those tasks and data that identify providers as having achieved a level of quality above standard, such as specialized training and accreditation to support tiered reimbursement. This area also includes the ability to develop reports that record activities of the community outreach programs to increase quality and availability of child care through activities such as employer outreach, recruitment, capacity building, collaborative meetings, fairs, and other marketing efforts.

- Grant Application

The grant application process is listed under quality initiatives because the purpose of most grants is to increase both the excellence and availability of quality child care. The providers will receive assistance from the system for grant applications, grant application review, and the ability to produce outcome letters under this category.

- Agreements and Contracts

“Agreement” is a term used to support functionality for contracts, informal agreements, and grant awards. Agreements contain common data elements such as dates, funding, unit, and costs. This functionality serves to manage the documents that are required to be submitted as a condition of the contract, agreement, or grant and also can generate a letter when required documentation has not been received. In addition, this functionality will allow users to perform outcome assessments on contracts, informal agreements, and grant awards.

9. Planning

Planning refers to the functionality that allows for the establishment and management of agency and program direction, goals, and objectives. This includes functionality related to developing and analyzing reports from program data. Reports in the context of this model are of two types: ad hoc and mandated. Ad hoc reports are provided, rather than hard-copy preformatted reports, to support flexibility in designing, formatting, and manipulating data as needed. Mandatory reports are the two federal child care reports from the Administration for Children and Families (ACF), the ACF-800 and the ACF-801.

■ Data Research and Analysis

The data research and analysis functionality refers to the ability to extract and analyze data collected from the subsidy program, Licensing Staff, providers, and other child care-related programs intended for meeting state and federal reporting requirements and evaluating the programs' effectiveness.

■ Mandatory Reports

The ACF-800 (Child Care Annual Aggregate Report) and the ACF-801 (Case-Level Reporting) are both produced by the system. The ACF-800 is created annually in the format specified and ready for transmittal to the ACF-800 Data Submission Center System. The ACF-801 is extracted monthly and transmitted electronically to ACF.

■ Ad Hoc Reports

There are many possible ad hoc extracts, ranging from Attendance to Utilization Review. The purpose of each is to extract a set of data fields from a specified functional area that will support multiple reporting needs for that area. Each user having access to the extract will have the ability to design his/her own reports from the extract, including using only the data elements desired and the presentation preferred.

10. Information Technology Management

The requirements grouped within this system functional area comprise underlying system functions that support user application and data access. Examples of some of these functions include system access control, data obtained through interfacing with other systems, document generation and printing, and presentation of functionality and information to external stakeholders.

■ IT Security

The security module involves all functions pertaining to the securing of data through the creation, definition, and implementation of security policies, procedures, and controls covering such services as identification, authentication, and non-repudiation. The module defines groups, roles, and permissions on a general level, then supports the assignment of logons, roles, and permissions to individual users. Security also defines system-enforced policies such as the length and usage of passwords, password expiration, and lock-outs. This functional area is dependent on the requirement to support ESA single sign-on and will therefore leverage existing security modules within the existing ESA eligibility system (ACES online).

■ System Development (Interfaces) – Not Fully Defined Yet

Depending on the alternative selected, there may be a need to define multiple interfaces to secure data of interest to DCCEL. Interfaces are defined to transmit system data to an external system, including NACCRRAware⁴ and others. All other interfaces are to import data into the system that is of importance to DCCEL.

■ System Documentation

This refers to the documentation needed to develop, upgrade, and/or maintain the system.

■ System Maintenance

This supports all activities associated with the maintenance of software applications. Data and some functionality for e-Child Care will be integrated with existing ESA system (ACES) and will reside on existing platforms using existing technology. To reduce cost of ownership, where possible existing ESA technologies and platforms will be used and existing system maintenance functions will be leveraged.

■ IT Governance

This refers to the people, policies, and processes that provide the framework within which the IT managers make decisions and take actions to optimize outcomes related to their spheres of responsibility.

⁴ This is a proprietary resource and referral system of the National Association of Child Care Resource and Referral Agencies (NACCRRRA).

- IT Infrastructure Management

This involves the planning, design, and maintenance of an infrastructure to effectively support automated needs (e.g., platforms, networks, servers, printers).

- IT Customer Support

IT customer support refers to functions and processes that support the customer help desk, training, on-site support, and user documentation.

C. INTERFACE SPECIFICATIONS

As with all information systems, the new information system will need a consistent set of system and user interfaces that can be used to enter, extract, and share information. A major goal of the new information system is the ability to accumulate data from sources that have widely divergent functionalities, such as service providers and other state programs that interact with Washington State child care clients. An integrated e-Child Care system will also require the ability to exchange information with other state systems/programs such as the following:

- ACES

The eligibility determination function for child care subsidy may be incorporated within ACES. In addition, all data elements necessary for Temporary Assistance for Needy Families (TANF) reporting will be integrated with the ACES database. Also, client-related information will be accessed by the e-Child Care system via a commercially available gateway to ACES and will ensure that data captured by child care workers will be available in real time in the ACES database. Based on the integrated data and functions, where possible integration with ACES will be implemented over interface technology.

- MMIS

DSHS has recommended that the new MMIS be used as a single payment engine to include child care payments. The new e-Child Care system must integrate/interface with MMIS to ensure that the authorization, attendance, and invoice information can be reconciled with payments made through MMIS. E-Child Care will send the authorization to the provider and the provider will report attendance back to the e-Child Care system. E-Child Care will reconcile any differences between the original authorization and the attendance record and send the reconciled authorization to MMIS. This reconciled authorization will contain client information, provider information, service codes, and number of units. Based on the information contained in the reconciled authorization, MMIS will process a claim based on available rate information, business rules, client eligibility, and provider information. MMIS will then

send payment to AFRS, triggering a payment to the provider based on the reconciled authorization.

- Electronic Benefits Transfer System

Electronic Benefits Transfer (EBT) will be considered as a payment option for the child care providers and may utilize the same card which is now issued to clients receiving benefits.

- Community Partners

The e-Child Care system must interface with community partners that provide direct services or track child care providers.

- Provider and Client Hub

DSHS is currently investigating the implementation of a client and provider hub system. If implemented, any e-Child Care system would need to interface with that selected technology. Client hub objectives will be achieved by supporting the system integration identified in Client ID management.

- Children's Administration (SACWIS)

Children's Administration is currently in the process of developing a replacement application to its current CAMIS. The new e-Child Care system will need to interface with the new Children's Administration Statewide Automated Child Welfare Information System (SACWIS) application.

- Child Support Enforcement

The e-Child Care system must interface with the Support Enforcement Management System (SEMS) within the Division of Child Support (DCS) for determination of income received as child support to help determine subsidized child care eligibility.

- Background Check Unit

The Washington Crime Information Center (WACIC) will be accessed regularly using secure authentication to perform criminal background checks on those individuals seeking to become licensed providers. Criminal history checks are also performed for provider employees as well. The system needs to interface to WACIC in order to obtain background check information on prospective providers.

■ Child Abuse/Adult Abuse Registry

The e-Child Care system will access records maintained by Children's Administration related to child abuse/adult abuse as part of the background search for providers.

■ Office of Superintendent of Public Instruction

The e-Child Care system must interface with the Office of Superintendent of Public Instruction (OSPI) to transmit eligibility information related to the Child Care Food Program. This information is needed to assist in the determination of payment to the provider and assignment of Title XX funds. In addition, all early childhood programs operated by local school districts are licensed by the state of Washington.

Given the wide range of users and systems with which the new e-Child Care system will interact, a number of standard interfaces are needed. The interface requirements include the following:

■ Online Graphical User Interface

Graphical user interface (GUI) is the standard method for accessing and extracting information from the system. GUI should establish a user-friendly, "point and click" approach to locating, updating, and extracting information from the system. Standard screens should be provided to access each major system function described above. HyperText Transfer Protocol (HTTP) will be used to access World Wide Web documents. The following interfaces will offer access via the Internet browser:

- » *Internet* – Certain functions and data should be accessible via the Internet. For example, the public could be given clearance to information regarding programs and providers and a listing of locations where services are provided. In addition, the system could support families in performing a basic assessment to see the services for which they may be eligible.
- » *Intranet* – DCCEL personnel and other stakeholders could be given access to confidential data and functions using secure connections over existing state network resources, utilizing Internet-based connection methods. A secure intranet connection would enable system administrators to control and restrict access, while giving end users flexibility to access the system from across the state. Confidentiality issues must be addressed before data can be transmitted across the system.

- Document Management System

The ESA Document Management System (DMS) is a paper-imaging system that provides staff with access to electronic case folders containing images of customer correspondence. This system is utilized by subsidy child care workers to process and manage documents. The e-Child Care system should interface, and/or leverage the ESA DMS, to provide imaging functionalities.

- Barcode System

The ESA Barcode System is an operational support system with modules that support the various operational functions for subsidy child care services. The e-Child Care system must interface with the Barcode System to provide customer, program, and subsidy information.

- E-Mail

With the widespread acceptance and use of e-mail, it is plausible that e-mail could be used to transfer data across the system. In conjunction with tickler functionality, e-mail could be used to send automated messages to participants and providers in a variety of pertinent instances. For example, a parent could fill out an online form and submit it. Once submitted, the data would then be sent and stored within the e-Child Care database, subsequently creating an initial intake form within the system. Upon receipt of the data, an automatic e-mail or Web-based notification could be sent, informing the parents that the information has been successfully transmitted. The e-Child Care system needs to leverage existing e-mail functionality in use within ESA. DSHS currently utilizes Microsoft Outlook as the e-mail interface.

- Output and Printing Technologies

ESA currently owns and operates a full-scale printing office. Much of the output is produced on IBM InfoPrint 4000 ID5/6 printers. The e-Child Care system must interface with this existing printing infrastructure and leverage duplex printing capabilities in order to meet output requirements. E-Child Care will leverage existing print and mailing infrastructure, hardware, software, and processes in place within ESA.

- Real-time, Online and Batch Mode Data Exchanges

For agencies and providers that use an existing data collection system, a method of data exchange will be available to accommodate them. Pertinent child care reporting information could be made available via a real-time, online interface or loaded in a batch mode to or from the agency, the requesting state agencies, and/or federal organizations. This process will

need to ensure that accounting and auditing occurs for all information furnished by the service providers.

■ Other External Information Systems and Sources

As mentioned above, agencies and providers that use systems based on differing platforms will still need to interface with the new data system. The system must be flexible enough to provide existing agencies and providers a mechanism to receive data updates.

Refer to APPENDIX VI-B for a more detailed listing of the interface and information exchanges that are required for the e-Child Care system.

D. SECURITY ARCHITECTURE

The security framework will include the structures and logic required to ensure that all users of the system are uniquely identifiable (Authentication), can access functions within the system that are appropriate to their job functions (Functional Authorization), and can view or update only information for which they are authorized (Data Authorization). The system must be able to protect confidential information from either inadvertent or unauthorized viewing (Confidentiality). The security framework must also protect the system from inadvertent or unauthorized modification (Data Integrity). Each of these aspects of the security framework is further defined below.

■ Authentication

Each system user will be assigned a unique user ID that is based on existing DSHS security standards and a nontrivial password.⁵ System authentication will utilize the security subsystem. All authentication processing and maintenance will be done using the operating system-provided capability. The e-Child Care system will leverage existing security systems within ESA. Any user that cannot be authenticated will not be able to access any system components. All open functionality should be provided using a discrete server that does not reside behind the state network firewall, but where data is protected from unauthorized modification or deletion by appropriate safeguards.

■ Functional Authorization

Each user that has been authenticated will have preestablished access privileges, based on role, group assignment, or unique user requirements. These privileges will be established and changed as needed by the system administrator to meet the specific requirements of the

⁵ A nontrivial password contains a minimum of 8 characters, is not a word in any language, and includes numbers and special characters.

user or group. The system will authorize each user to specific functionalities, screens, or collection of screens based on the preestablished access privileges. Prior to execution of each program, the system will validate the user's authorization level and will grant or deny specific system functionalities.

■ Data Authorization

Access to information related to a particular child, family, or provider will be limited to those who have a need to know for their job. In principle, only individuals involved in service delivery or licensing will be able to read or update information related to a particular child, family, or provider. The system will provide the capability to include an assigned subsidy and/or licensor for each provider of child care services. The assigned worker will have the appropriate level of read, write, and/or update access to family-, child-, and service-related information. The system will also provide the capability to include associated users. These users are not the assigned worker but have appropriately assigned rights where applicable. Another group of users that are associated with a family are review users. These users can only read information related to the appropriate family and services.

■ Confidentiality

The system must maintain and control the confidentiality of system data while in the system and during transit to other external systems. This will be accomplished using two techniques, as mentioned in the following paragraph. All data that is transmitted over the public Internet will be encrypted using commercially available products based on generally accepted encryption standards, usually through the use of 128-bit or better encryption technology. At a minimum, identifying information that is confidential in nature will be stored in an encrypted format.

■ Data Integrity

The system will be secured from unauthorized access and attacks using existing security infrastructure. Existing database products and encryption tools incorporate data integrity functionality. Two technologies for remote access, currently in use within DSHS, allow for encryption/data integrity: virtual private network (VPN) access⁶ and CITRIX remote access solution. These security mechanisms will help ensure that data is not compromised or corrupted within the system or during transmission to remote systems.

⁶ The utilization of a VPN will probably require the installation of software on the end user's workstation and configuration of the state gateway to support the user. In addition, it may be necessary to acquire additional gateway resources to meet the needs of the user population.

In summary, security for the integrated e-Child Care system will have multiple dimensions. These aspects of the security structure will help ensure that information is only accessible to individuals with proper credentials, yet will maintain confidentiality in conformance with organizational, state, and federal standards. The security model can be viewed as consisting of the following components:

- User authentication.
- User functional authorization.
- User data authorization.
- Privacy of information.
- Data integrity.

These five elements work in concert to create a framework to protect information but do not needlessly undermine the benefits of the data-sharing capabilities of the system. User authorization is the unique identification of each system user. A user ID will be provided for each user and a nontrivial password will be selected. The user will be prompted to provide a valid user ID/password combination to access the system. This will establish that individuals are who they say they are and will give access to the system based on preestablished security credentials. User IDs must be unique to the person, and as such, existing policy that prohibits the sharing of user IDs between individuals must be followed.

A user's credentials will determine which functional areas in the system he/she can access (functional authorization) and which data he/she can view (data authorization). The system will provide the capability to limit an individual to certain areas of the system and restrict what information he/she can view, modify, or delete.

The final aspect of the security structure is to provide a means for secure transmission of information across the network and ensure that the information will not be viewed or altered by unauthorized individuals. Existing VPN or CITRIX solutions will provide the capability to encrypt and decrypt all messages as they are transmitted across a public network such as the Internet.

E. SYSTEM TECHNICAL ARCHITECTURE

The e-Child Care system is constructed utilizing a number of existing components and is integrated with other systems. This approach enables the organization to minimize overall technology costs, leverage existing systems, and integrate data with other core systems. The architecture consists of a number of components, each of which is discussed below.

1. Server Hardware and Operating Environment

The server hardware and operating environment comprises several elements:

■ Servers and Operating System

The system needs to leverage the existing ESA investments in servers and operating systems. Any server hardware or software introduced as part of the e-Child Care Project must conform to published standards for ESA server hardware and software. Server hardware must provide an acceptable level of redundancy and disaster recovery. The server operating system must also interface with the DSHS Windows 2003 Active Directory.

■ Data Warehouse

ESA currently supports data warehouse technology. The e-Child Care system must leverage existing data warehouse platforms and processes where appropriate. The current data warehouse technologies that are in operation include DB2, Impromptu, and Intel-based servers running Windows 2003.

■ Data Broker

ESA currently supports several data broker technologies. The e-Child Care system must leverage existing data-brokering hardware and software where appropriate. The current data-brokering technologies include DB2 Connect.

■ ACES System

ESA currently operates ACES and provides data for subsidy eligibility determinations. The e-Child Care system must integrate with the ACES database, particularly the eligibility data that is managed by ACES. The child care system will interface with the ACES database through a data broker as described previously for read and write functionalities.

2. Workstation Hardware and Software

The system needs to be designed to be accessible from multiple locations within the state and must meet minimal requirements for specific workstation hardware and software. The primary method for accessing the child care system will be through the use of a browser-based PC using Microsoft Internet Explorer Version 4 (or later). The specific browsers and operating systems that are used in the environment will determine the specific requirements for the workstations.

3. Network Connectivity

As noted earlier, the primary method for accessing the e-Child Care system will be via the Internet and intranet-based communications. This will enable ubiquitous access to any user that has an Internet connection and a Web-browser. It will ensure that any state employee, provider, client, and other stakeholders will have access to the system. The e-Child Care system must be designed to accommodate the limited connection bandwidth within the Washington State Government Network.

4. Data Storage

ESA currently manages several data storage technologies. The e-Child Care system must leverage one of the existing data storage platforms that will continue to be maintained and utilized in the future.

5. Disaster Recovery

Disaster recovery functionalities are an integral component of the e-Child Care system. The system needs to include functionalities that will ensure that it will remain operational or can be recovered after a disaster or an unanticipated catastrophe. The e-Child Care system must comply with the Information Services Board (ISB) and DSHS disaster recovery standards.

VII. CONFORMITY WITH STRATEGIC PLAN

VII. CONFORMITY WITH STRATEGIC PLAN

A. STRATEGIC FOCUS

The vision of information technology (IT) at the Department of Social and Health Services (DSHS) is to “create a collaborative information technology environment that facilitates development of high-quality business solutions across DSHS, supports data-driven decisions, improves customer outcomes, integrates partners and services, manages cost, reduces risk, and strengthens accountability.”

The mission statement of the DSHS IT Strategic Plan states, “The mission of DSHS IT is to collaborate within the DSHS business community to implement business/technology solutions that will improve the quality of life for individuals and families in need.”

The guiding principles/core values are:

- Data, business processes, and technology should be common when there is a clear business case.
- Data, business processes, and technology should be designed around natural “information system” boundaries with tight coupling within “systems” and loose coupling between “systems.”

In keeping with the mission statement for DSHS IT, the focus of the e-Child Care Project has been a collaborative effort involving multiple, diverse stakeholders to understand issues and needs, requirements, costs, and possible solutions intended to meet the following critical success factors:

- Improve service delivery processes.
 - » Improvement in work efficiency and effectiveness.
 - » Responsive to changes in the child care service delivery model.
- Enhance health and safety for children in child care.
 - » Streamlined licensing and compliance processes.
 - » Integrated information to support child care resource and referral activities.
- Improve program integrity and accountability.
 - » Assurance that state’s subsidy resources are used wisely and appropriately.

- » Improvement to the child care payment processes.
- Enhance program information and intelligence.
 - » Insight into program effectiveness and information needed to enhance services.
 - » Integrated information to support early learning professionals.

The proposed e-Child Care system will directly support more efficient and effective delivery of services to DSHS clients and will have a positive impact on the department's ability to deliver services through more effective use of technology. In addition, this system will allow for more effective data sharing, work processes, and program/fiscal integrity.

The Economic Services Administration (ESA) Strategic Integration Plan identifies ESA's IT goals of reducing redundancy of data and resources and leveraging the existing infrastructure (hardware and software). The ESA technology goals are to provide systems that allow all stakeholders and clients to have appropriate and easy access to the appropriate child care data to support their operations, decision making, and reporting, statistical, and research requirements.

The goals for the new system were meant to ensure compliance with the ESA Strategic Integration Plan and the overall DSHS IT vision and strategic goals and to improve the level of service users receive from the information systems that ESA supports. The following table lists each of the overall DSHS IT strategic goals and provides a description of ways the e-Child Care system's critical success factors support these goals:

Goal	Objective	How E-Child Care Supports
Improve Accessibility and Service Integration	Support the service integration with business-driven technology solutions that are secure and maintain confidentiality.	ESA and the e-Child Care Project are focused on improving service delivery and accessibility by supporting service integration. The proposed e-Child Care solution was designed to ensure that common components such as client data and provider data will be shared across the enterprise as needed in a secure environment that values confidentiality. In addition, the e-Child Care system is designed to be an integrated system that will provide DSHS and stakeholders with more ways to access and disseminate all available data from a single source. Access to the system will be flexible, allowing state users, the public, providers, and other relevant stakeholders with Internet capabilities to utilize the e-Child Care system. For those without Internet functionality, other means of accessing and submitting information will be provided.

Goal	Objective	How E-Child Care Supports
Improve Customer Service	Enhance and maintain IT across the department to meet changing needs and capacity requirements.	The e-Child Care Project will build on current systems and technologies in order to satisfy both current and future demands through less costly methods. A new data system, while building on the existing technical infrastructure, will allow ESA to save both time and money on operations. By automating many of the current manual processes, ESA should be able to see a reduction in the amount of time spent performing functions and will be able to respond more effectively to future capacity demands. One of the key drivers for the e-Child Care Project was facilitating the access to information that has been historically difficult to share by making systems “people-oriented” and more accessible. In addition, the new system will also focus on improving the accuracy and organization of available information for system users. The new data system will assist in attaining these goals by increasing access to data/information for multiple stakeholders. This will allow users to access and distribute data faster and more reliably to the many diverse stakeholders involved in providing child care services.
Improve Quality Assurance and Measurement	Enhance data analysis capacity to manage budget, caseloads, and programs.	The new e-Child Care system will integrate all child care data needed to more effectively manage budgets, caseloads, and programs. Enhanced reporting features will be offered, giving users the ability to meet federal and state requirements more easily. The system also enhances data analysis by supplying non-constraining networks and communications for its stakeholders and program participants by offering multiple ways for agencies to gain access and interface. Better accessibility and integration of previously siloed data will allow for better management of budgets, caseloads, and program information.

Goal	Objective	How E-Child Care Supports
	Establish an Enterprise Architecture Program (EAP) to support decision making.	The DSHS EAP is designed to ensure integration between the major systems and infrastructure employed to support the business needs of the department. The e-Child Care Project Team has been working closely with the EAP to ensure that the scope of the new e-Child Care system meets all defined architecture principles and that its relationship to other applications within the IT portfolio is understood. The EAP management team was consulted regularly throughout the feasibility study and will be consulted as the procurement efforts for the e-Child Care system progress. The e-Child Care Executive Steering Committee has made it clear that consolidating appropriate functions and data to improve efficiency and data reporting is a strategic goal.
	Manage IT in DSHS using sound project management and quality improvement practices.	Because the new e-Child Care system will be built based upon the ESA Integration Principle, major modifications to the current technology infrastructure will not occur during implementation. Developers will be required to follow specific programming and testing protocols to ensure the new technologies introduced by the new system fit the needs of the department and the ESA Integration Principle. Document imaging technology, wireless networking standards, interactive voice response (IVR) and call center tools, and Web development protocols will be communicated to the implementation contractor and monitored to ensure compliance with the DSHS EAP and project management guidelines. Also, in order to save costs and time, the new system will be designed with the existing infrastructure in mind.

VIII. COMPREHENSIVE PROJECT PLAN

VIII. COMPREHENSIVE PROJECT PLAN

Effective project management is essential for successful implementation of the new e-Child Care system. To this end, an organizational structure will be established that facilitates communication within the e-Child Care Project and between the Executive Sponsor, Project Steering Committee, Project Executive, Quality Assurance (QA)/Technical Consultant and Implementation Project Manager. This will allow for early identification of project issues and risks and for employment of strategies to avoid or minimize the impacts of problems. This section describes the proposed project plan and is organized under the following headings:

- Organization
- Decision-Making Process
- Project Management and Quality Assurance Strategies
- Work Plan

These components help lay the foundation for a successful project. Strict schedules and budgetary constraints demand an efficient use of both time and resources. The areas described below will help ensure an effective system development and implementation.

A. ORGANIZATION

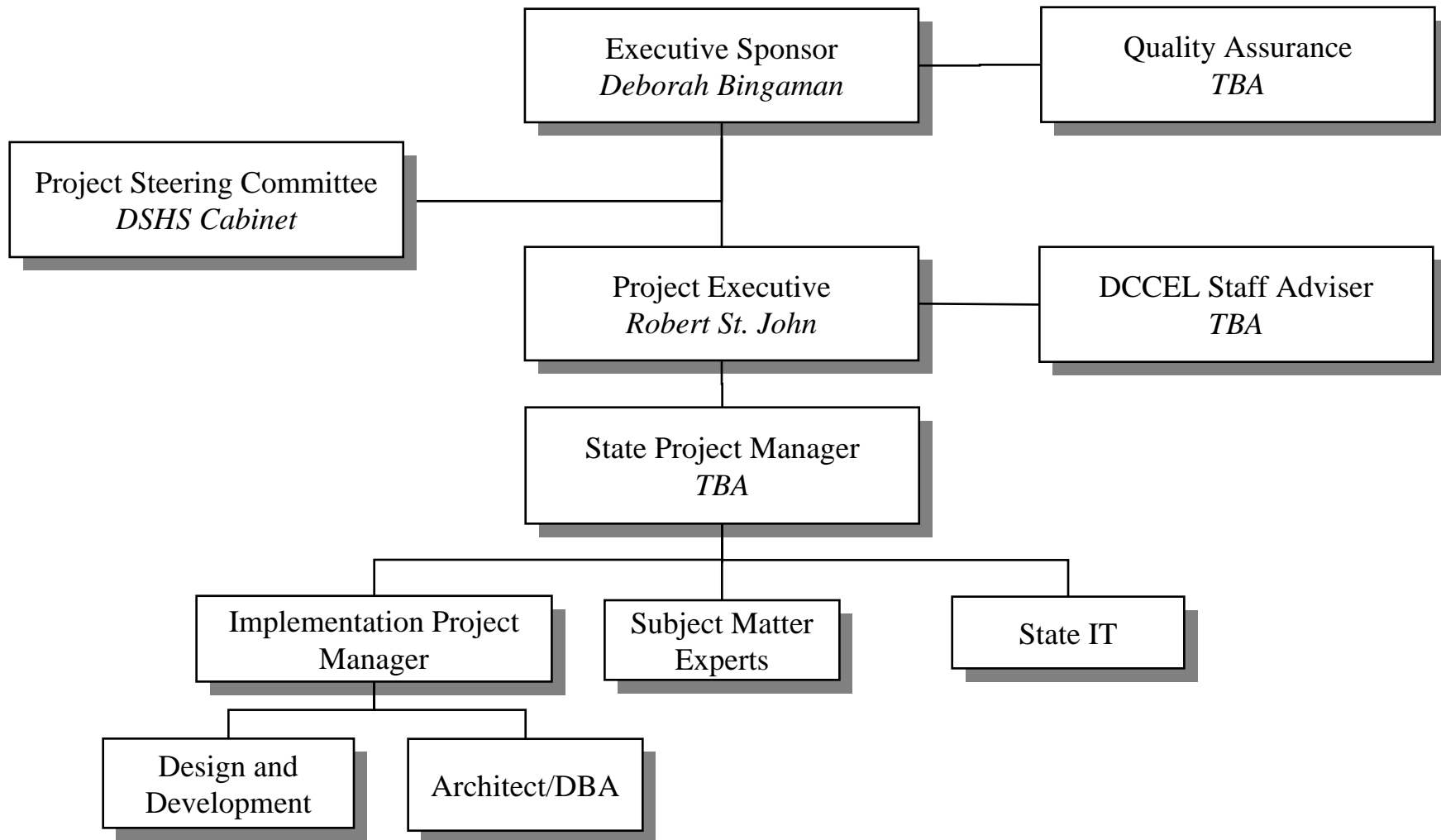
The project team consists of managers and staff from the Department of Social and Health Services (DSHS), as well as oversight and implementation contractors. EXHIBIT VIII-1, Project Organization, shows the project team members, by title or function, and their reporting relationships. This structure is designed to ensure that:

- The project receives visibility within DSHS.
- State and contractor performance is monitored.
- Project issues are evaluated at the appropriate decision-making level as quickly and effectively as possible.
- Knowledge is transferred to the Economic Services Administration (ESA) Information Technology Division (ITD) staff to enable them to provide ongoing support.

The roles and responsibilities of the project team members are described below.

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
E-CHILD CARE PROJECT COMPREHENSIVE PROJECT PLAN

PROJECT ORGANIZATION



■ Executive Sponsor

The Executive Sponsor will be responsible for generating support for the project within and outside DSHS and for resolving issues on which the steering committee cannot come to consensus. The Executive Sponsor will be the ESA Assistant Secretary.

■ Project Steering Committee

The Project Steering Committee will serve as the highest-level organization regularly involved with the project. The committee will be composed of a variety of stakeholders, including DSHS management, program managers, ITD representatives, and other technical subject matter experts. The steering committee will be responsible for: major programmatic decisions, final approval of all deliverables, allocation of resources to support the project, implementation-level resolution of issues that will maximize project resources, coordination between project contractors, budget issues, and legislative/governmental regulations and relations. The committee will meet regularly to review project status with the Implementation Project Manager and other members of the project management team.

■ Project Executive

The Project Executive will be responsible for managing the high-level development effort, including work performed by vendor, state, and subcontractor staff. This manager will have a general understanding of child care business processes and possess management skills necessary to coordinate the entire project.

■ Implementation Project Manager

The Implementation Project Manager will be a contractor and will be responsible for managing the development effort, including implementation of the new system and transition of system support throughout the child care stakeholders' organizations. This manager will report project status and issues to the Technical Oversight Manager, brief other project management as necessary, and coordinate efforts with the Project Facilitator. The Implementation Project Manager will have a thorough understanding of the target technical environment, a fundamental understanding of the child care environment, and the management skills and experience to coordinate a development effort that is the size and scope of this project.

■ QA/Technical Consultant

The QA/Technical Consultant will oversee project activities, review project deliverables, and identify concerns related to project performance and success. The consultant will also review all training materials and documentation and will ensure that the appropriate staff are being

trained at the appropriate times. Further, the QA/Technical Consultant will ensure that a consistent design vision is maintained during the knowledge transfer to the Implementation Project Manager.

■ State Project Manager

The State Project Manager will be responsible for overseeing activities not directly related to development of the new e-Child Care system. The State Project Manager will coordinate efforts with the Implementation Project Manager and will report status and issues to the Project Executive. The State Project Manager will thoroughly understand the current technical environment and direction and will possess the management skills necessary to oversee multiple teams and coordinate project activities.

■ State IT Staff

State IT staff will be responsible for confirming the functional requirements of the system and laying the groundwork for systems design activities. They will also assist in a detailed analysis of existing system data and procedures and will help outline the conversion approach, major conversion tasks, and the proposed overall conversion schedule. In addition, they will maintain the current system infrastructure and implement enhancements to the current systems that will allow the project to meet its goals.

■ Design and Development Staff and Architect/DBA

This team will be responsible for completion of all design and development tasks associated with the analysis, design, and construction phases. It will consist of the technical architects and developers of the new system and will design and apply changes to the data model and roll out the changes to all databases. The team will also monitor the performance of the databases.

■ Subject Matter Experts/Business Analysts and Advisers

Informed users from throughout DSHS and the child care program will be employed in this project as needed. Their involvement will include requirement definition and refinement, design, and implementation.

B. DECISION-MAKING PROCESS

Over the course of the project, there will be many decisions to be made. Some of these decisions will have a significant impact on the overall success of the project; others will simply be necessary

for the project to continue to move forward in the established direction. Decisions will be made at all levels within the organizational structure described above, based upon their expected impact on the project. Tactical decisions are made by the Implementation Project Manager, the Project Executive, and the State Project Manager. Strategic decisions are elevated to the Project Steering Committee and the Executive Sponsor, as necessary. These two levels of decision making are discussed below.

1. Tactical Decision Making

Tactical decisions involve how a project task is going to be accomplished but do not affect what is going to be done. For example, changes to the data architecture that are necessary to meet system requirements involve tactical decisions. The Implementation Project Manager will be the first to make these decisions. As necessary, these decisions are elevated to the Project Executive or the State Project Manager. Decisions that cannot be reached at that level are made by the Executive Sponsor.

2. Strategic Decision Making

Strategic decisions are those affecting the overall cost or schedule of the project or the quality of the resulting e-Child Care system. These decisions are made by the Project Steering Committee or elevated further, if necessary. The primary areas requiring strategic decisions, and the methods by which they are made, are discussed below.

■ Schedule Changes

The potential need to change the project schedule will likely be identified by the Implementation Project Manager, vendor staff, or QA/Technical Consultant via QA measures. The Implementation Project Manager will document the need for change and the impacts to the overall project schedule and contract. Changes will be considered at a monthly or ad hoc meeting and unanimously approved or disapproved, request additional information, or elevate the issue. The decision is then made by the Project Executive or the Executive Sponsor, if necessary.

■ Requirements Changes and Change Control

Potential changes to system requirements will likely come from a variety of sources. The e-Child Care system may have to change system capabilities to respond to new legislation or court decisions. The Implementation Project Manager may identify new or different capabilities or problems with the current requirements that necessitate change. Potential changes to system requirements are documented by the Implementation Project Manager, with an assessment of the impact of the change to the current schedule and contract. The project team

considers the changes at a monthly or ad hoc meeting and unanimously approves or disapproves them, requests additional information, or elects to elevate the decisions. The decisions are then made by the Project Executive or Executive Sponsor, if necessary. Change management processes provide visibility of the impact of change to the project. A well-understood and structured approach to change control creates an environment where all changes in the scope are evaluated and prioritized. This provides a method for focusing the project's limited resources and time on those changes that are most cost-effective and of the greatest value to the project sponsor and stakeholders.

■ Other Contract Changes

Any other decisions affecting the scope or terms of the development contract will be resolved by the Project Steering Committee or elevated as necessary.

■ Approval to Proceed to the Next Milestone

The Implementation Project Manager will provide advance materials and make a formal presentation to the Project Steering Committee, documenting readiness to proceed to the next milestone of the project. The steering committee will grant or deny approval and provide the Implementation Project Manager with a written explanation for denial.

■ Acceptance of Deliverables

Project deliverables will come in two forms: documentation and software. All project documentation deliverables will be submitted in draft form for review by the State Project Manager. The committee will provide comments in writing to the Implementation Project Manager. The Implementation Project Manager will deliver a final version of the document, which will be reviewed and approved or disapproved by the State Project Manager. Reasons for disapproval will be provided, in writing, to the Implementation Project Manager for use in correcting the document. System software will be accepted or rejected by the steering committee based upon test results provided by the State Project Manager. These results will reflect testing performed in accordance with the approved test plan developed during the project.

C. PROJECT MANAGEMENT AND QUALITY ASSURANCE STRATEGIES

The approach employed to manage this project will ensure that appropriate checks and balances are in place to keep DSHS apprised fully and frequently of project status and concerns. Primary characteristics of the project management approach are outlined below.

■ Quality Management Plan

The project will develop a quality management plan and conduct regular client quality management assessments to ensure that project direction and progress continue to meet client expectations.

■ Independent QA/Technical Consultant

The project will contract with an independent agent to oversee project activities/schedules/resources, review project deliverables, and identify concerns relative to project performance and success.

■ Status Reports

The Implementation Project Manager will provide the Project Executive and State Project Manager with regular status reports detailing project status, progress, plans, cost and schedule changes, risks, and problems for review.

■ Project Review Meetings

In regular project review meetings, the implementation team members will report project status and issues to the Implementation Project Manager, the State Project Manager, the QA/Technical Consultant, and the Project Executive.

■ Monthly and Ad Hoc Project Steering Committee Meetings

At each steering committee meeting, the Implementation Project Manager will provide status updates and will be responsible for bringing forward any issues that have arisen in the project, along with recommendations related to those issues from the project team. A working group of steering committee members may be created, as needed, to work on any project issues that may arise.

■ Status Updates for Department Executive Management

Regular status meetings and/or reports will be provided to DSHS's executive management to keep it abreast of the project's status, progress, and any critical issues/concerns that need addressing at the executive management level.

■ Status Updates for e-Child Care Stakeholders

Stakeholders will receive regular updates on the progress of new e-Child Care system work through the use of a project Web site, e-mail, or other appropriate communication mechanisms as identified in a comprehensive Communications Plan. Periodic meetings will also be held with users across the state to share project information and give users an opportunity to provide feedback on the project direction and on the system solution. In addition, key stakeholder groups may be utilized throughout the project to assist with detailed design, testing, and deliverable review.

■ Written Communications

All communications involving the status of events, decisions, issues, and other points of significance will be in writing. All correspondence between DSHS and the project team will be coordinated through the Project Facilitator. All correspondence and formal working papers will be on file with the Project Facilitator. Major deliverables will utilize an approved version control numbering system during development.

■ Risk Management

Risks to project success will be measured and tracked, and individual risks identified and abated as necessary. A formal risk management process will be developed and risk mitigation strategies will be developed, tracked, and reported throughout the life of the project.

■ Issue Management

Project issues will be identified and action plans developed and tracked on an ongoing basis. The process described below will be followed.

- » *Issue Initiation* – Any issue needing resolution may be initiated using the Project Issue Form. All areas and all participants in, or affected by, the e-Child Care Project will have the ability to complete and submit the Project Issue Form. The form is sent directly to the Implementation Project Manager.
- » *Issue Review* – Each issue is reviewed by the Implementation Project Manager to determine what needs to be done to resolve the issue and who needs to do it. This activity includes reviewing new issues, as well as old ones. This review occurs as issues are received. If resolution can occur with the Implementation Project Manager he/she completes the resolution section of the Project Issue Form and communicates this back to the originator.

- » *Issue Assignment* – If the Implementation Project Manager cannot resolve the issue, he/she assigns it to the individual or group that can resolve it. As needed, the Implementation Project Manager expands the issue's narrative to ensure that the problem/issue is well defined. A log of when and to whom the issue was sent is kept, along with a target resolution date for response. The initiator of the issue is informed about its assignment.
- » *Issue Monitoring* – The Implementation Project Manager keeps track of both the progress of and the anticipated completion date(s) for resolution and keeps the initiator abreast of the progress. Records of success, failures, and problems in issue resolution are maintained and used to improve the issue management process.
- » *Issue Resolution* – All resolutions of an issue by an individual or group will result in a clearly written statement in the resolution section of the Project Issue Form. This will explain what is to be done and who will be responsible for implementation of the resolution.
- » *Resolution Implementation* – Resolution of an issue may be assigned to someone other than the initiator according to the nature of the issue. As the coordinating point, the Implementation Project Manager will make assignments as needed to bring about implementation of the resolution, maintaining assignment dates and schedule completion dates.

■ Project Task Planning and Monitoring

This is a central project management activity in which the Implementation Project Manager develops and reviews the task plan to ensure that it will result in the appropriate outcomes. The Implementation Project Manager assigns tasks to staff and tracks task progress and completion.

■ Time and Activity Reporting

Project managers track the time spent by staff on project tasks and other activities. Tracking staff time and activities is part of monitoring the overall project progress. Using actual time worked provides insights into areas where estimates may be inaccurate and enables the Implementation Project Manager to rework plans to address those areas where the project is at risk of underestimating the required level of effort.

■ Project Financial Accounting

Project staff account for budgets and expenditures to ensure that the project meets its financial expectations. Stakeholders have a vested interest in the financial performance of projects. Managing expenditures and budgets is essential to ensuring that the project has the sufficient financial resources for completion and that any potential financial risks are identified as early as possible. Effective financial management is particularly critical in public sector projects, where the approval process for requests for additional funds and the budget cycle can be lengthy.

■ Configuration Management

Project components are tracked and managed to ensure that the delivered product contains the necessary component versions. A lack of configuration management can lead to chaos, as it is typical to have multiple versions of deliverables or deliverable components. Without effective configuration management, the potential for confusion and rework is dramatically increased.

■ Requirements Traceability

Related to configuration management is the ability to trace business and systems requirements to specific project or system components. This quality control mechanism is an important part of the user acceptance process. Tracing requirements from initial specification through implementation ensures that the system provides the functionality and capability that was originally agreed upon. At each major project segment, requirements should be monitored and traced to ensure that they are being fully addressed. This is important for projects that are contracted to outside implementation contractors, as well as those projects that utilize internal resources.

■ Bug Tracking and Repair

When component defects and deficiencies are identified, they must be tracked and repaired. This process ensures that bugs are documented, repaired, and resolved and that the quality of the product delivered meets users' expectations and reflects their priorities. Reliance on an informal method for addressing system defects can easily result in attention being focused on low-priority tasks, while critical areas are left unresolved.

■ Staff Development

Project managers must develop the necessary skills of project staff to enable them to complete assigned tasks. Identifying and tracking knowledge, skills, and abilities and developing training and knowledge transfer plans are critical to producing a high-quality product. Staff development enables the Implementation Project Manager to review the currently assigned staff and identify skill gaps. This also provides a means for targeting knowledge transfer so that critical skills are developed during the project.

■ Vendor Contract Tracking

Project managers need to track multiple vendor contracts for contract staff, purchased equipment, and software. They must manage acquisition processes, track vendor performance, and ensure timely payment to vendors. Without an effective method for tracking vendor contracts, the project is at risk of receiving less than was envisioned or, worse, spending needless time and effort resolving vendor conflicts.

■ Document Management

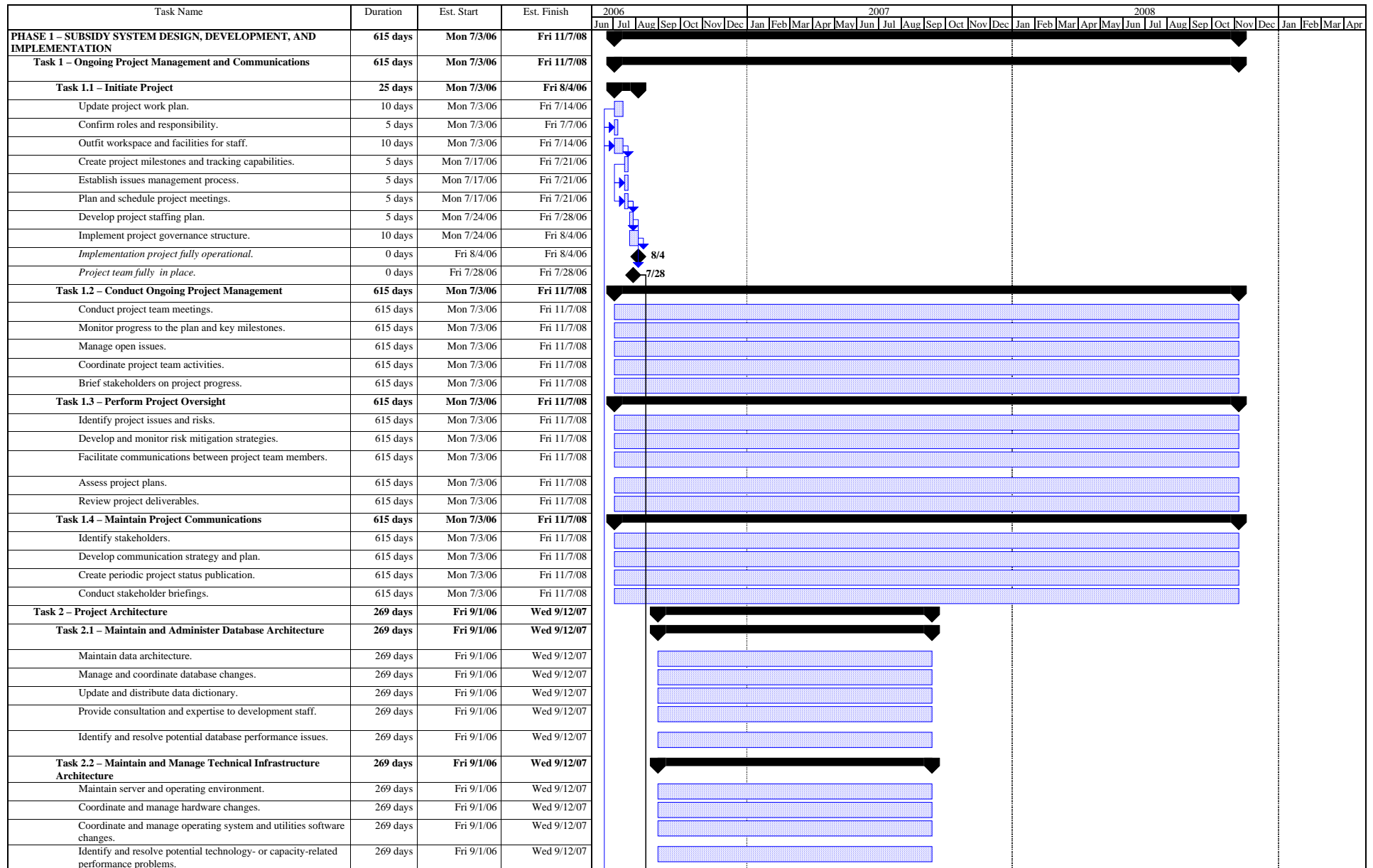
Project managers need to have an organized method for storing, tracking, and retrieving project documents. Projects often establish document libraries and filing systems to track correspondence, source materials, deliverables, and presentation materials. This capability provides the overall project team with a common source of information that is in a format that is easily understandable and accessible.

D. DRAFT WORK PLAN

This subsection details the project work plan for moving the e-Child Care Project to the desired future technology vision. These tasks are focused on delivering specific and tangible benefits to DSHS and all child care stakeholders. The Gantt chart in EXHIBIT VIII-2, Draft Work Plan, illustrates the phases and their associated tasks, which are discussed below at greater length. This work plan is intended to be a draft for illustration purposes. It is expected that a more detailed project work plan will be developed as part of the design, development, and implementation phases.

PHASE 1 – SUBSIDY SYSTEM DESIGN, DEVELOPMENT, AND IMPLEMENTATION

This phase builds on the work completed during the Feasibility Study, in which the initial design and system architecture were established. Phase 1 will result in development and implementation of Subsidy Case Management, Client ID Management, Provider ID Management, Attendance, Information Technology Management, and Planning functionality of the e-Child Care system. The tasks required to complete this phase include ongoing support activities, as well as those tasks



Date: Fri 7/22/05

Task Milestone Split Summary Progress

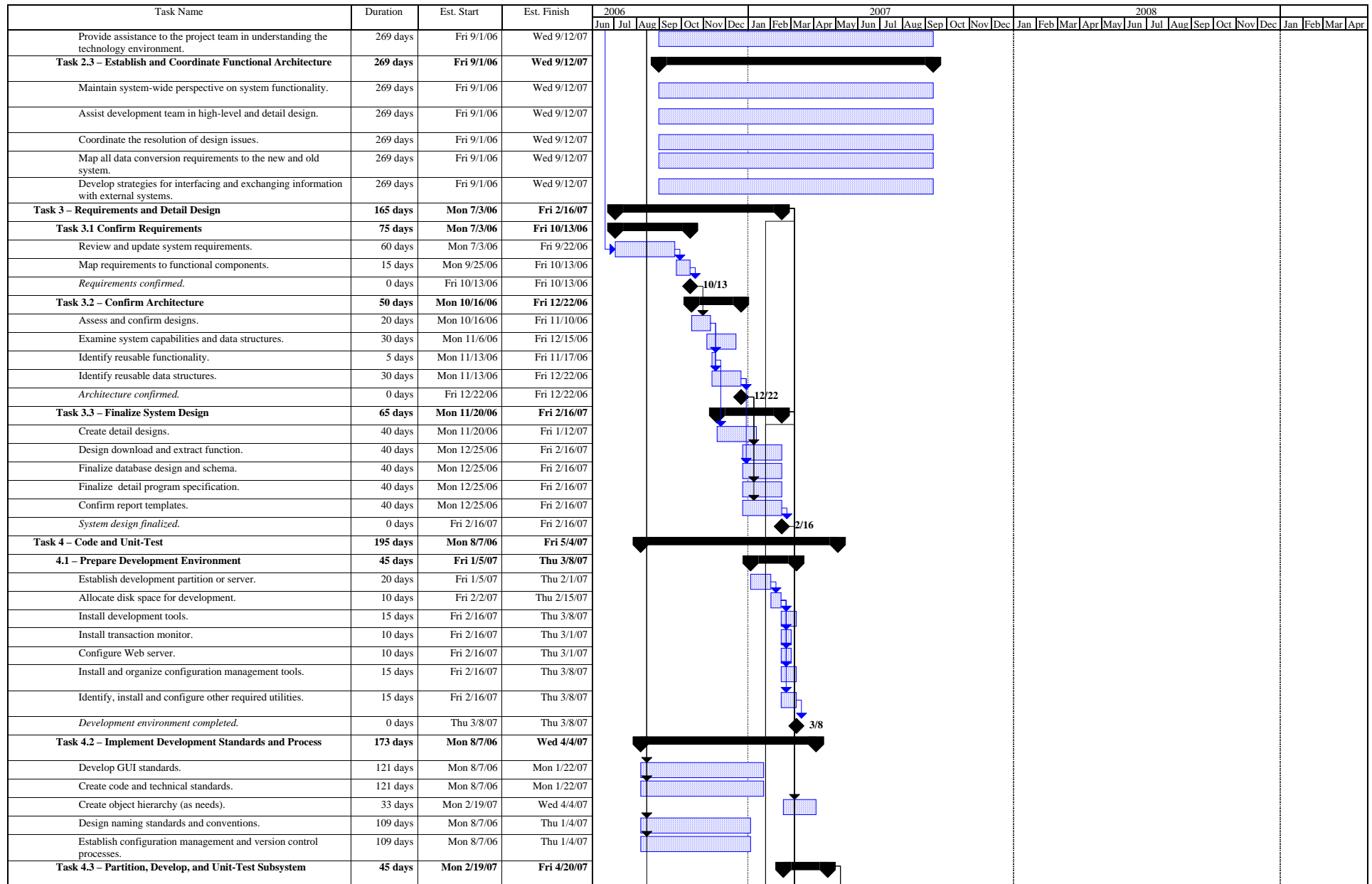
Milestone Summary Rolled Up Task














Rolled Up Split Rolled Up Milestone Rolled Up Progress

External Tasks Project Summary External Milestone

Deadline

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT COMPREHENSIVE PROJECT PLAN
DRAFT WORK PLAN



Task		Milestone		Rolled Up Split		External Tasks		Deadline	
Split		Summary		Rolled Up Milestone		Project Summary			
Progress		Rolled Up Task		Rolled Up Progress		External Milestone			

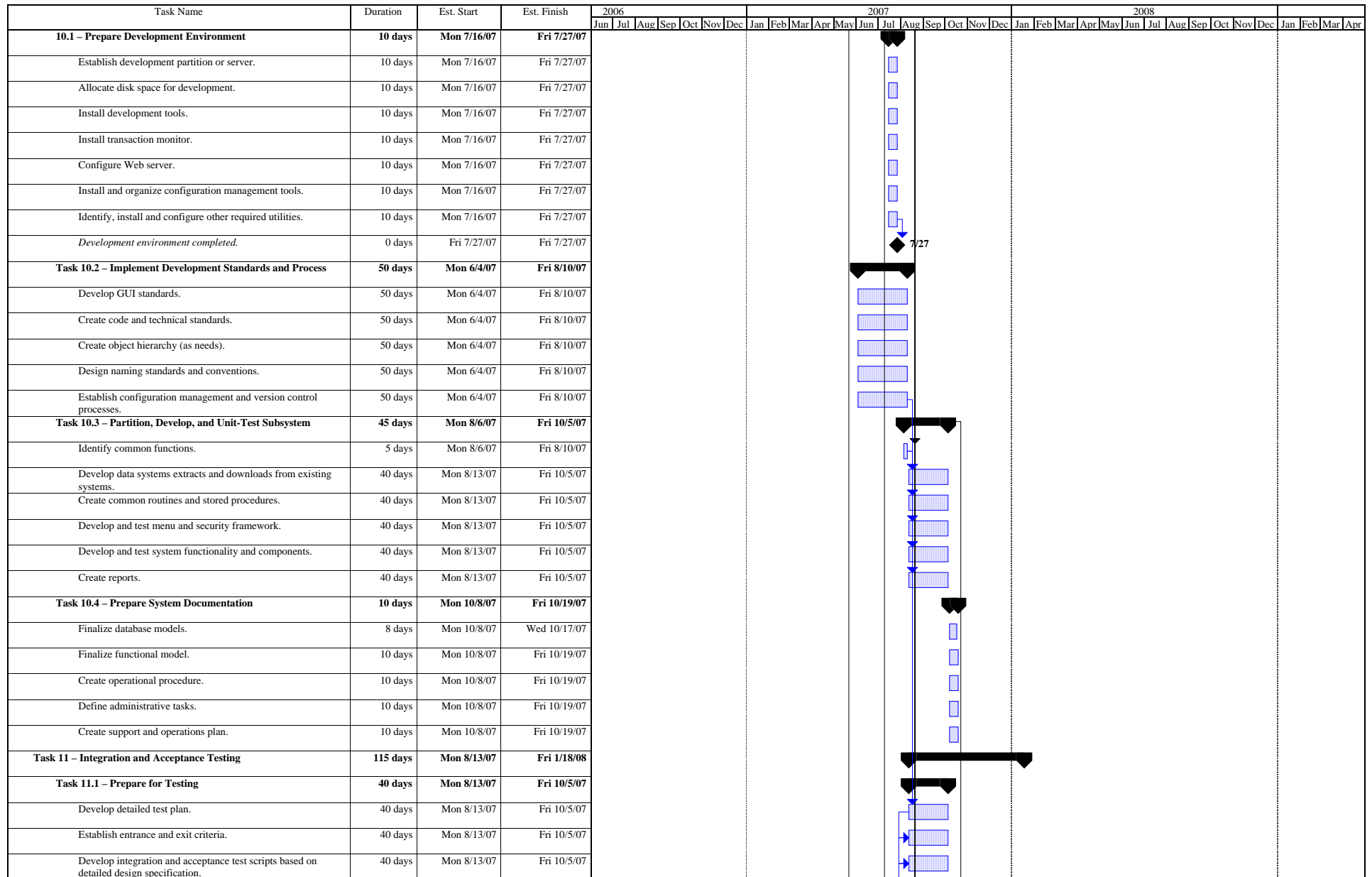


Task		Milestone		Rolled Up Split		External Tasks		Deadline
Split		Summary		Rolled Up Milestone		Project Summary		
Progress		Rolled Up Task		Rolled Up Progress		External Milestone		

Task		Milestone		Rolled Up Split		External Tasks		Deadline
Split		Summary		Rolled Up Milestone		Project Summary		
Progress		Rolled Up Task		Rolled Up Progress		External Milestone		



WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT COMPREHENSIVE PROJECT PLAN
DRAFT WORK PLAN



Task	Milestone	Split	Progress	External Tasks	Project Summary	External Milestone	Deadline

Diagram illustrating the relationship between Task, Milestone, Summary, and Progress elements in a project plan.

Legend:

- Task:** Blue hatched bar
- Milestone:** Black diamond
- Summary:** Black bar
- Progress:** Black bar

Timeline:

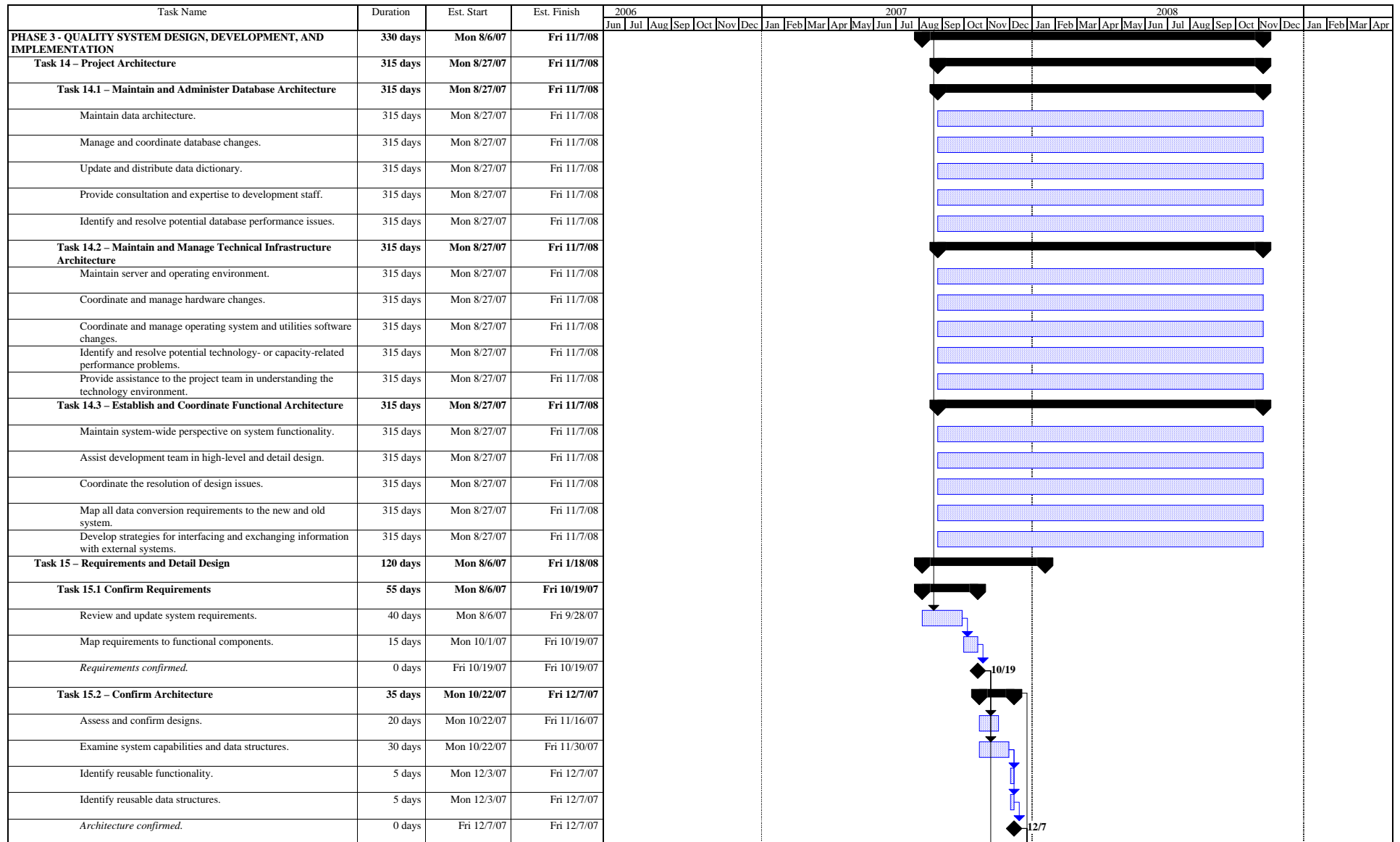
- Task:** 5324\35\79059(mpp) to 5324\35\79059(mpp)
- Milestone:** 5324\35\79059(mpp)
- Summary:** 5324\35\79059(mpp) to 5324\35\79059(mpp)
- Progress:** 5324\35\79059(mpp) to 5324\35\79059(mpp)

External Tasks: 5324\35\79059(mpp) to 5324\35\79059(mpp)

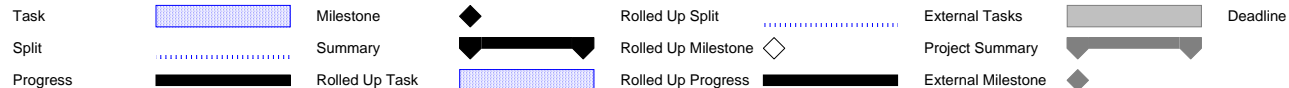
Project Summary: 5324\35\79059(mpp) to 5324\35\79059(mpp)

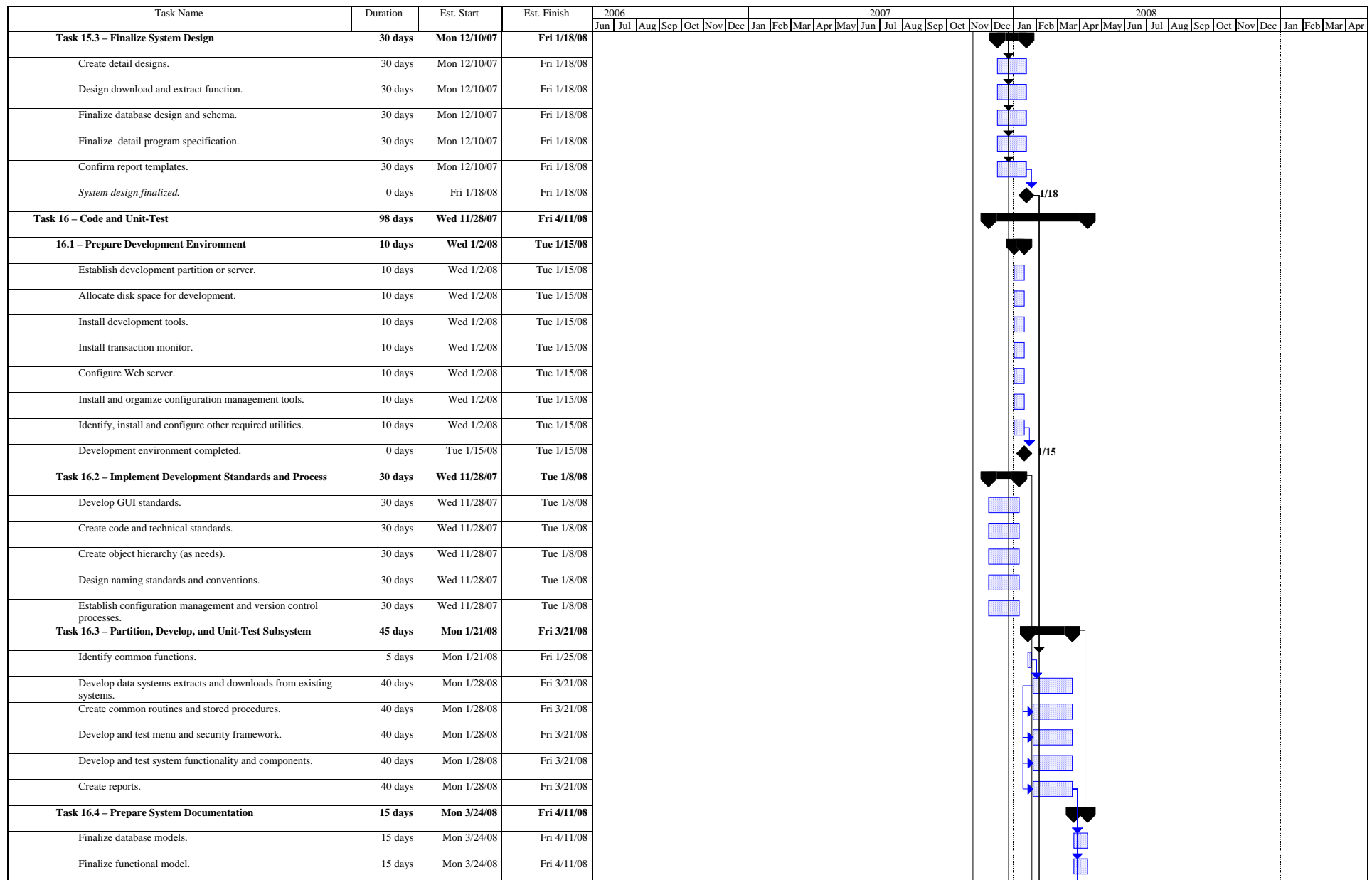
External Milestone: 5324\35\79059(mpp)

Deadline: 5324\35\79059(mpp)



Date: Fri 7/22/05

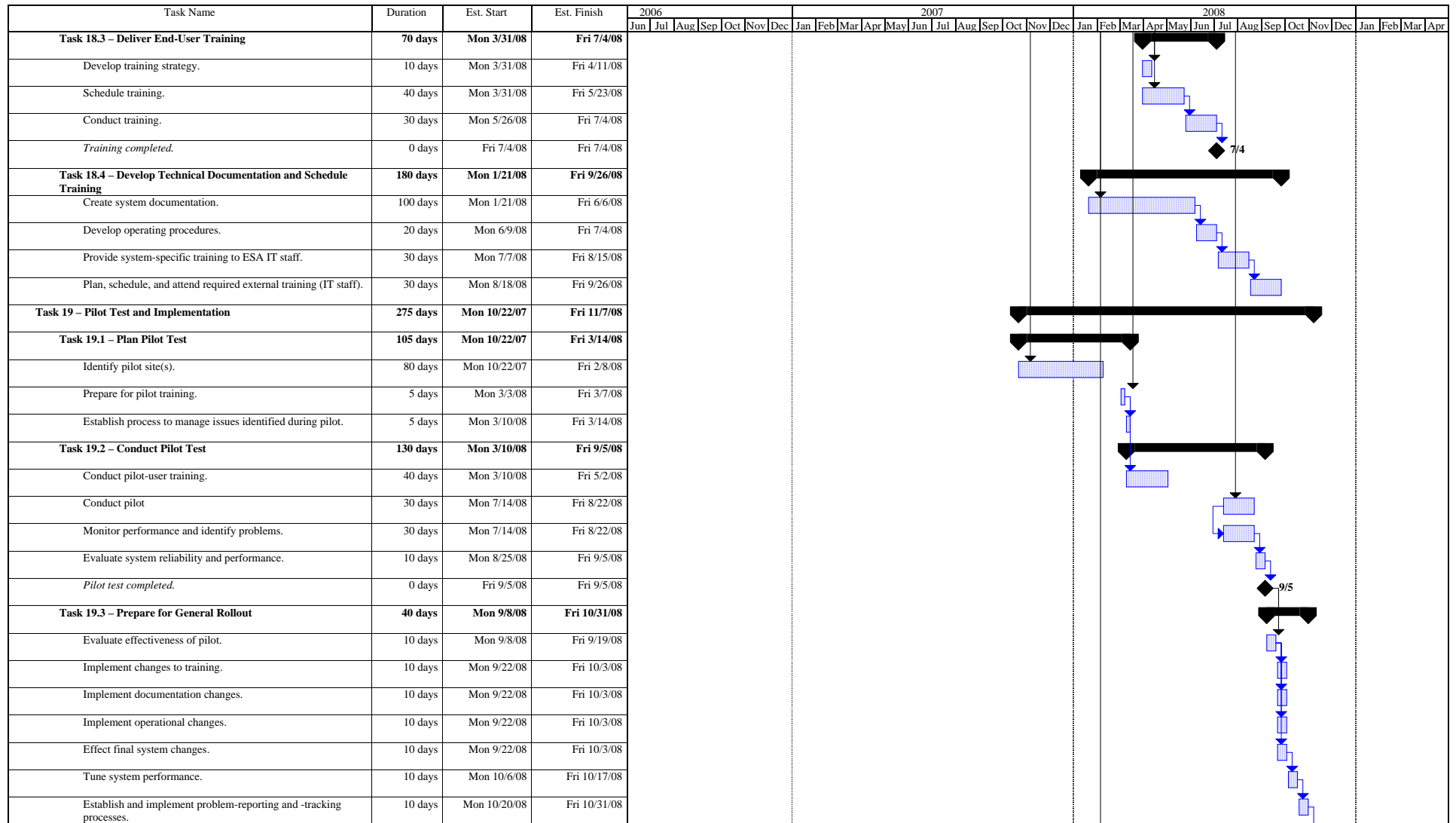




Date: Fri 7/22/05

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Task		Milestone		Rolled Up Split		External Tasks		Deadline	
Split		Summary		Rolled Up Milestone		Project Summary			
Progress		Rolled Up Task		Rolled Up Progress		External Milestone			



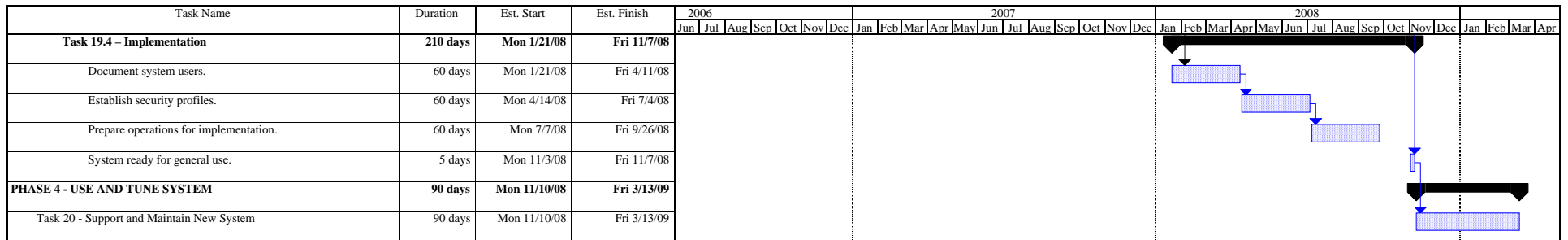
Date: Fri 7/22/05

Task Milestone Rolled Up Split External Tasks Deadline

Split Summary Rolled Up Milestone Project Summary

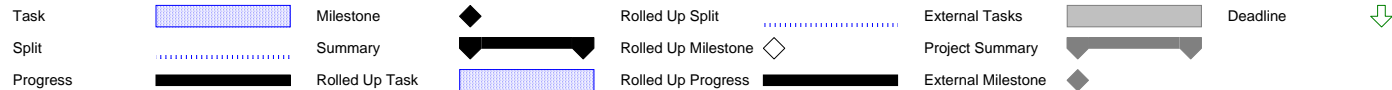
Progress Rolled Up Task Rolled Up Progress External Milestone

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT COMPREHENSIVE PROJECT PLAN
DRAFT WORK PLAN



Date: Fri 7/22/05

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directly related to system design, development, interfaces, testing, training, and implementation. These specific tasks are described below.

Task 1 – Ongoing Project Coordination and Communications

A project such as the e-Child Care system initiative will require the coordination of skilled IT professionals and effective communications both within the organization and to external stakeholders. Ongoing project management activities focus on ensuring that project resources are used efficiently and that the project outcome delivers the desired product.

1.1 Initiate Project

Task 1.1 is focused on those activities that must be completed to ensure that the project starts on a firm foundation and that the stakeholders are actively involved in decision making and setting direction. Specific activities include the establishment of a steering committee and other necessary oversight, a reevaluation of the implementation project plan, and the development of an appropriate project staffing plan and governance structure.

1.2 Conduct Ongoing Project Management

Managing the activities required to develop a new system for child care stakeholders will require extensive project management, coordination, and controls. For this purpose, this task identifies the following appropriate activities that will occur throughout the duration of the project:

- Conduct project team meetings.
- Conduct steering committee meetings.
- Conduct ongoing change management.
- Report project status.
- Monitor progress to the implementation plan and key milestones.
- Manage open issues.
- Coordinate project team activities.
- Brief stakeholders on project progress.

Additional responsibilities may be added over time, depending on the complexity of the project and the level of support provided by other entities.

1.3 Perform Project Oversight

Project oversight reduces the variance between actual and planned performance and emphasizes time, budget, and quality. Effective tracking and reporting of these factors enables management to better control the project direction and ensures that the factors most likely to affect the project will receive the greatest attention and that resources are allocated to the activities most critical to the project's overall success.

Project oversight activities include the following:

- Identify project issues and risks.
- Develop and monitor risk mitigation strategies.
- Facilitate communications between project team members.
- Assess project plans.
- Review project deliverables.

In addition, in the form of regular status reports, the independent QA/Technical Consultant should provide critical project evaluations to the Executive Sponsor and the steering committee.

1.4 Maintain Project Communications

In a project like this, the number of diverse stakeholders increases the need for effective communications. The Implementation Project Manager must be in a position to share information regarding progress and decisions that have been made about functionality. Specific activities related to project communications are listed below.

- Identify stakeholders.
- Develop a communication strategy and plan.
- Create periodic project status publications.
- Conduct stakeholder briefings.

These project activities will be necessary to ensure that all stakeholders are kept well informed of project status and any issues that require attention.

Task 2 – Project Architecture

In order to capture the logic behind the new system design and properly distribute this information, thorough architecture activities will be required. These project activities focus on documenting the new system, including changes and revisions, as well as developing ESA IT staff.

2.1 Maintain and Administer Database Architecture

This task focuses on maintaining and updating the new database in order to meet the functional and specification needs of child care services in Washington. The following activities are involved in this task:

- Maintain data architecture.
- Manage and coordinate database changes.
- Update and distribute the data dictionary.
- Provide consultation and expertise to development staff.
- Identify and resolve potential database performance issues.

Effectively managing changes and enhancements to the core database will be essential to ensure a fully operational system with data integrity.

2.2 Maintain and Manage Technical Infrastructure Architecture

This task focuses on maintaining the new technical environment. Coordination and management of multiple simultaneous activities will be essential to properly implement changes to the new system. To successfully administer the new technical infrastructure, the following activities must occur:

- Maintain server and operating environment.
- Maintain interfaces.
- Coordinate and manage hardware changes.
- Coordinate and manage operating system and utilities software changes.
- Identify and resolve potential technology- or capacity-related performance problems.
- Provide assistance to the project team in understanding the technology environment.

Other activities related to establishing the ongoing e-Child Care system infrastructure framework will need to be identified and plans implemented.

2.3 Establish and Coordinate Functional Architecture

The new functional architecture will require activities focused on maintaining a system-wide perspective. External systems must be thoroughly reviewed to develop strategies for interfacing. Likewise, data conversion efforts must be carefully planned and coordinated. This effort encompasses the following activities:

- Maintain system-wide perspective on system functionality.
- Assist the development team in high-level and detail design.
- Coordinate the resolution of design issues.
- Map all data conversion requirements to the new and old system.
- Develop strategies for interfacing and exchanging information with external systems.

Additional activities related to establishing the ongoing e-Child Care system functional framework will need to be identified and plans implemented.

Task 3 – Requirements and Detail Design

Task 3 is the first stage of the development process. This task involves clearly defining system requirements, building an architecture, creating a system design, and determining how to integrate work completed to date in the e-Child Care Project.

3.1 Confirm Requirements

Using the documented system requirements from the Feasibility Study as a foundation, this step requires the Implementation Contractor to perform the following:

- Review and update system requirements.
- Map requirements to functional components.

At completion of this task, the implementation team will have a clear understanding of the system requirements and will have defined the core components.

3.2 Confirm Architecture

Using the requirements developed in Task 3.1, the project team will be able to confirm the system architecture. The architecture provides a global view of the system and illustrates the linkages between elements. The project team will be required to:

- Assess and confirm designs.
- Examine system capabilities and data structures.
- Identify reusable functionality.
- Identify reusable data structures.

This information will assist in developing a detailed specification for each major element of the system.

3.3 Finalize System Design

Using the system architecture developed previously, the project team will develop detailed designs that are specific to the proposed e-Child Care system. The detailed design outlines in more concrete terms how components will be built and implemented and illustrates for stakeholders how the system components will interact. The project team will be required to:

- Create detailed designs for common/reusable components.
- Design system interface specifications.
- Design download and extract function.
- Finalize database design and schema.
- Finalize detailed program specification.
- Confirm report templates.
- Present general system design.
- Finalize system design.

At completion of this task, the project will have developed detailed specifications for each major element of the system.

Task 4 – Code and Unit-Test

Based on the functional specification developed in Task 2, the project programmers will develop specific modules. These modules will be unit-tested by the developer and formally reviewed by the project team to ensure completeness. The completed modules will be bundled into subsystems and passed on to integration and acceptance tests.

4.1 Prepare Development Environment

Creating an appropriate development environment is an important step in the system development process. Activities include the following:

- Establish development partition or server.
- Allocate disk space for development.
- Install development tools.
- Install transaction monitor.
- Configure Web server.
- Install and organize configuration management tools.
- Identify, install, and configure other required utilities.

This environment will facilitate development of the new data system. To meet project schedules and timelines, it is essential that a high level of structure and organization exists.

4.2 Implement Development Standards and Process

In addition to creating an appropriate development environment, it is necessary to implement associated standards and processes. Accomplishing this requires completion of the following activities:

- Develop graphical user interface (GUI) standards.
- Create code and technical standards.
- Create object hierarchy (as needed).
- Design naming standards and conventions.
- Establish configuration management and version control processes.

Development standards and processes will enable the project team to efficiently develop components of the e-Child Care system.

4.3 Partition, Develop, and Unit-Test Subsystem

Task 4.3 focuses on creating the core subsystems. This effort encompasses the following activities:

- Identify common functions.
- Develop data systems extracts and downloads from existing systems.
- Create common routines and stored procedures.
- Develop and test menu and security framework.
- Develop and test system functionality and components such as:
 - » Provider management subsystem.
 - » Client management subsystem.
 - » Payment subsystem.
 - » Import and extract functionality.
 - » Interfaces.
 - » Conversion processes.
- Create reports.

These activities represent the majority of the system development. It is essential that scope is managed during this task and that major milestones are met.

4.4 Prepare System Documentation

The Implementation Project Manager and staff will be responsible for documenting the components of the system, including the core database and subsystems. This task, at a minimum, should address the following activities:

- Finalize database models.
- Finalize functional model.
- Create operational procedures.

- Define administrative tasks.
- Create support and operations plan.

System documentation will allow ESA IT staff and end users to fully understand the inherent logic of the new system. Clearly organized documentation will facilitate future modifications and enhancements.

Task 5 – Integration and Acceptance Testing

Integration and acceptance testing is the process of bringing together different modules that make up a subsystem and testing them in an integrated manner. The process of integration and acceptance testing includes developing a detailed test strategy, developing a test environment, conducting systems integration and acceptance tests, and certifying the system as ready for pilot testing.

5.1 Prepare for Testing

In order to test the different modules, various preparations will be required. This task encompasses the following activities:

- Develop a detailed test plan.
- Establish specific “entrance” and “exit” criteria for test phases.
- Develop integration and acceptance test scripts based on detailed design specification.
- Establish error-reporting process.
- Establish a test environment.

Devoting time to prepare for testing in this manner will save time in subsequent tasks. This organization will help prevent costly errors during integration and acceptance testing. In addition, it will allow the project team to develop objective test entrance and exit criteria to assist with the decision to move on to the next project phase.

5.2 Conduct System Integration and Acceptance Test

During this task, the Implementation Project Manager and staff will lead the system integration and acceptance testing for the new e-Child Care system along with state staff. The testing team will use the procedures, test scripts, and testing tools previously developed to test and, if necessary, retest the applications and document the results. The following activities are involved:

- Identify and schedule testing team.
- Conduct test and record errors.
- Coordinate errors with development team.
- Prepare new components for inclusion.
- Conduct regression test.

Integration and acceptance testing involves progressively combining and testing software and hardware components until the entire system has been completely united. Because this system will have multiple components, integration and acceptance testing will allow the project team to determine when the system is ready to be pilot-tested.

5.3 Certify the System as Ready for Pilot

When integration and acceptance testing is complete, it will be possible to assess the testing results and make appropriate changes. Once the system has been fine-tuned, it will be possible to certify the system as being ready for pilot testing. To successfully certify the system, the following activities will be required:

- Assess testing results.
- Determine overall usability of the system.
- Establish workarounds for known problems.
- Recommend moving forward to the steering committee.

Once the recommendation to the steering committee has been made, the user community will be prepared for the pilot test. Training will be provided by the Implementation Project Manager and staff and will be supported by user documentation.

Task 6 – Documentation and Training

Based on system design, project staff as well as the Implementation Project Manager and staff will develop system documentation and training material, including user documentation and technical specification documents. The training will address primarily user education but will also provide tutorials for technical staff.

6.1 Develop Training

The Implementation Project Manager and staff will work with state project staff to develop detailed plans, documentation, procedures, and presentation materials for conducting training of the new e-Child Care system. Specifically, this task includes the following activities:

- Define training goals and requirements.
- Create curriculum.
- Create training materials.

Training materials must be developed with the end user in mind and must be easily understood by both trainers and trainees.

6.2 Create User Documentation and Online Help

This task focuses on developing extensive system documentation that will be utilized by end users. The Implementation Project Manager and staff will be responsible for creating desktop versions and developing online help features. The following steps should be taken to develop comprehensive user documentation:

- Create user manual.
- Develop desktop guide.
- Create online help.

As with training materials and curriculum, user manuals and desktop help features must be comprehensive and simple to understand.

6.3 Deliver End-User Training

The Implementation Project Manager and vendor staff will work with the state project team to develop training materials focused on end users. This task involves the following activities:

- Develop training strategy.
- Schedule training.
- Conduct training.

Coordinating training sessions will be a high priority and should be done well in advance of the planned classes to allow for the resolution of scheduling conflicts.

6.4 Develop Technical Documentation and Schedule Training

This task focuses on developing further system documentation, developing operating procedures, and scheduling ESA IT staff training. To provide adequate technical documentation and training, the following activities are required:

- Create system documentation.
- Develop operating procedures.
- Provide system-specific training to ESA IT staff.
- Plan, schedule, and attend required external training (IT staff).

Technical training will be required for the IT staff who will support the system. Coordinating training sessions will be a high priority and should be done well in advance of the planned classes to allow for the resolution of scheduling conflicts.

Task 7 – Pilot Test and Implementation

To certify the system and to validate the implementation process, the project team will conduct a pilot test. During the pilot test, the system will be tested in a “live” environment, and special on-site support will be provided. At this point, any system errors will be fixed and communicated to testers. At completion of the system test, the project team will assess the results, modify implementation and support processes, and prepare to pursue further site implementations. Finally, the system will be implemented throughout the program. System performance will be carefully monitored, and problems will be resolved and documented.

7.1 Plan Pilot Test

To coordinate and plan pilot testing, several important activities must occur. This process involves the following:

- Identify pilot site(s).
- Prepare for pilot training.
- Establish process to manage issues identified during pilot.

Identification of a potential pilot site should begin early in the phase. Managing issues identified during the pilot will be important, and a process should be established during this task to respond to pilot test feedback. Once this task is complete, the pilot test can be conducted.

7.2 Conduct Pilot Test

The Implementation Project Manager and staff will lead the pilot-testing process for the new e-Child Care system. Using the testing and training plans developed earlier, the Implementation Project Manager and staff will provide pilot-user training and support. At a minimum, pilot testing should include the following activities:

- Conduct pilot-user training.
- Provide pilot support.
- Monitor performance and identify problems.
- Evaluate system reliability and performance.

Problems encountered during the pilot test must be identified early and solved quickly. This task should enable the project team to thoroughly evaluate the system. At completion of the pilot test, it will be possible to begin preparations for system implementation.

7.3 Prepare for General Rollout

After analyzing the results of the pilot test, the Implementation Project Manager and staff as well as the project team will be able to determine the effectiveness of the pilot system. Revisions to the system and training procedures will be required in order to tune the system for optimal performance. This effort encompasses the following:

- Evaluate effectiveness of pilot.
- Implement changes to training.
- Implement documentation changes.
- Implement operational changes.
- Effect final system changes.
- Tune system performance.
- Establish and implement problem-reporting and -tracking processes.

Once these activities have been completed, it will be possible to implement the system.

7.4 Implementation

In this task, the Implementation Project Manager and staff will deploy the Phase 1 functionality of the new e-Child Care system that has been tested and accepted in previous tasks. To implement the new system components successfully, the following activities are required:

- Document system users.
- Establish security profiles.
- Prepare operations for implementation.
- Convert data (as needed).
- Monitor performance.
- Monitor system for problems and errors.

The Implementation Project Manager and staff will implement and configure the new system throughout the program. This will be performed in a manner that will have the least negative impact on the user community and other child care stakeholders. The Implementation Project Manager and staff will work with ESA IT and other e-Child Care Project staff to accomplish this deployment and verify that it has been completed successfully.

PHASE 2 – LICENSING SYSTEM DESIGN, DEVELOPMENT, AND IMPLEMENTATION

This phase builds on the work completed during Phase 1, in which the initial design and system architecture were established. Phase 2 will result in development and implementation of Provider Relationship Management, Fiscal Management, Public and Media Relations, Planning, and Information Technology Management functionality of the e-Child Care system. The tasks required to complete this phase include ongoing support activities, as well as those tasks directly related to system design, development, interfaces, testing, training, and implementation. These specific tasks are described below. Phase 2 of the e-Child Care system initiative will require similar coordination and communications as Phase 1 with internal and external stakeholders. Ongoing project management activities focus on ensuring that project resources are used efficiently and that the project outcome delivers the desired product.

Task 8 – Project Architecture

In order to capture the logic behind the Phase 2 design and properly distribute this information, thorough architecture activities will be required. These project activities focus on documenting the new system, including changes and revisions, as well as developing ESA IT staff.

8.1 Maintain and Administer Database Architecture

This task focuses on maintaining and updating the database in order to meet the functional and specification needs related to Phase 2 functionality and how it relates to Phase 1 functionality. The following activities are involved in this task:

- Maintain data architecture.
- Manage and coordinate database changes.
- Update and distribute the data dictionary.
- Provide consultation and expertise to development staff.
- Identify and resolve potential database performance issues.

Effectively managing changes and enhancements to the core database will be essential to ensure a fully operational system with data integrity.

8.2 Maintain and Manage Technical Infrastructure Architecture

This task focuses on maintaining the technical environment. Coordination and management of multiple simultaneous activities will be essential to properly implement changes to the new system. To successfully administer the new technical infrastructure, the following activities must occur:

- Maintain server and operating environment.
- Maintain interfaces.
- Coordinate and manage hardware changes.
- Coordinate and manage operating system and utilities software changes.
- Identify and resolve potential technology- or capacity-related performance problems.
- Provide assistance to the project team in understanding the technology environment.

Other activities related to establishing the ongoing e-Child Care system infrastructure framework will need to be identified and plans implemented.

8.3 Update Functional Architecture

The new functional architecture will require activities focused on maintaining a system-wide perspective. External systems related to Phase 2 functionality must be thoroughly reviewed to develop strategies for interfacing. Likewise, data conversion efforts must be carefully planned and coordinated. This effort encompasses the following activities:

- Maintain system-wide perspective on system functionality.
- Assist the development team in high-level and detail design.
- Coordinate the resolution of design issues.
- Map all data conversion requirements to the new and old system.
- Develop strategies for interfacing and exchanging information with external systems.

Additional activities related to establishing the ongoing e-Child Care system functional framework will need to be identified and plans implemented.

Task 9 – Requirements and Detail Design

Task 9 is the first stage of the development process for Phase 2. This task involves clearly defining system requirements, building an architecture, creating a system design, and determining how to integrate work completed in Phase 1.

9.1 Confirm Requirements

Using the documented system requirements from Phase 1 as a foundation, this step requires the Implementation Contractor and subject matter experts to perform the following:

- Review and update system requirements.
- Map requirements to functional components.

At completion of this task, the implementation team will have a clear understanding of the system requirements and will have defined the core components.

9.2 Confirm Architecture

Using the requirements developed in Phase 1 and Task 9.1, the project team will be able to confirm the system architecture. The architecture provides a global view of the system and illustrates the linkages between elements. The project team will be required to:

- Assess and confirm designs.
- Examine system capabilities and data structures.
- Identify reusable functionality.
- Identify reusable data structures.

This information will assist in developing a detailed specification for each major element of the system.

9.3 Finalize System Design

Using the system architecture developed in Phase 1, the project team will develop detailed designs that are specific to Phase 2 functionality and requirements. The detailed design outlines in more concrete terms how components will be built and implemented and illustrates for stakeholders how the system components will interact. The project team will be required to:

- Create detailed designs for common/reusable components.
- Design system interface specifications.
- Design download and extract function.
- Finalize database design and schema.
- Finalize detailed program specification.
- Confirm report templates.
- Present general system design.
- Finalize system design.

At completion of this task, the project will have developed detailed specifications for each major element of the system.

Task 10 – Code and Unit-Test

Based on the functional specification developed in Phase 1 and the previous task, the project programmers will develop specific modules. These modules will be unit-tested by the developer and formally reviewed by the project team to ensure completeness. The completed modules will be bundled into subsystems and passed on to integration and acceptance tests.

10.1 Prepare Development Environment

In this sub-task, the development environment specified in Phase 1 will be utilized. Activities include the following:

- Establish development partition or server for Phase 2.
- Allocate disk space for development.
- Install development tools.
- Install transaction monitor.
- Configure Web server.
- Install and organize configuration management tools.
- Identify, install, and configure other required utilities.

This environment will facilitate development of the new data system. To meet project schedules and timelines, it is essential that a high level of structure and organization exists.

10.2 Revise Development Standards and Process

In addition to establishing the development environment, it is necessary to implement associated standards and processes for Phase 2. Accomplishing this requires completion of the following activities and ensuring that Phase 2 development standards and processes are consistent with Phase 1:

- Revise graphical user interface (GUI) standards.
- Assess code and technical standards.
- Create object hierarchy (as needed).
- Revise naming standards and conventions.
- Revise configuration management and version control processes.

Development standards and processes will enable the project team to efficiently develop components of the Phase 2 functionality and requirements for the e-Child Care system.

10.3 Partition, Develop, and Unit-Test Subsystem

Task 10.3 focuses on creating the core subsystems for Phase 2. This effort encompasses the following activities:

- Identify common functions.
- Develop data systems extracts and downloads from existing systems.
- Create common routines and stored procedures.
- Develop and test menu and security framework.
- Develop and test Phase 2 system functionality and components.
- Create reports.

These activities represent the majority of the system development for Phase 2. It is essential that scope is managed during this task and that major milestones are met.

10.4 Prepare System Documentation

The Implementation Project Manager and staff will be responsible for documenting the components of Phase 2, including the core database and subsystems. This task, at a minimum, should address the following activities:

- Finalize database models.
- Finalize functional model.
- Create operational procedures.
- Define administrative tasks.
- Create support and operations plan.

System documentation will allow ESA IT staff and end users to fully understand the inherent logic of how functionality integrates between phases. Clearly organized documentation will facilitate future modifications and enhancements.

Task 11 – Integration and Acceptance Testing

Integration and acceptance testing is the process of bringing together different modules that make up a subsystem and testing them in an integrated manner. The process of integration and acceptance testing includes developing a detailed test strategy, developing a test environment, conducting systems integration and acceptance tests, and certifying the system as ready for pilot testing.

11.1 Prepare for Testing

In order to test the different modules, various preparations will be required. This task encompasses the following activities:

- Develop a detailed test plan for Phase 2 test activities.
- Establish specific “entrance” and “exit” criteria for test phases.
- Develop integration and acceptance test scripts based on detailed design specification.
- Establish error-reporting process.
- Establish a test environment.

Devoting time to prepare for testing in this manner will save time in subsequent tasks. This organization will help prevent costly errors during integration and acceptance testing. In addition, it will allow the project team to develop objective test entrance and exit criteria to assist with the decision to move on to the next project phase.

11.2 Conduct System Integration and Acceptance Test

During this task, the Implementation Project Manager and staff will lead the system integration and acceptance testing for integrated Phase 1 and Phase 2 system functionality along with state staff. The testing team will use the procedures, test scripts, and testing tools previously developed to test and, if necessary, retest the applications and document the results. The following activities are involved:

- Identify and schedule testing team.
- Conduct test and record errors.
- Coordinate errors with development team.
- Prepare new components for inclusion.
- Conduct regression test.

Integration and acceptance testing involves progressively combining and testing software and hardware components until the entire system has been completely united. Because this system will have multiple components, integration and acceptance testing will allow the project team to determine when the system is ready to be pilot-tested.

11.3 Certify the System as Ready for Pilot

When integration and acceptance testing is complete, it will be possible to assess the testing results and make appropriate changes. Once the system has been fine-tuned, it will be possible to certify the system as being ready for pilot testing of Phase 1 and Phase 2 combined. To successfully certify the system, the following activities will be required:

- Assess testing results.
- Determine overall usability of the system.
- Establish workarounds for known problems.
- Recommend moving forward to the steering committee.

Once the recommendation to the steering committee has been made, the user community will be prepared for the pilot test. Training will be provided by the Implementation Project Manager and staff and will be supported by user documentation.

Task 12 – Documentation and Training

Based on system design of Phase 2, project staff as well as the Implementation Project Manager and staff will develop system documentation and training material, including user documentation and technical specification documents. The training will address primarily user education but will also provide tutorials for technical staff.

12.1 Develop Phase 2 Training

The Implementation Project Manager and staff will work with state project staff to develop detailed plans, documentation, procedures, and presentation materials for conducting training. Specifically, this task includes the following activities:

- Define training goals and requirements.

- Create curriculum.
- Create training materials.

Training materials must be developed with the end user in mind and must be easily understood by both trainers and trainees.

12.2 Create User Documentation and On-line Help

This task focuses on developing extensive system documentation for Phase 1 and Phase 2 functionality that will be utilized by end users. The Implementation Project Manager and staff will be responsible for creating desktop versions and developing on-line help features. The following steps should be taken to develop comprehensive user documentation:

- Create user manual.
- Develop desktop guide.
- Create on-line help.

As with training materials and curriculum, user manuals and desktop help features must be comprehensive and simple to understand.

12.3 Deliver End-User Training

The Implementation Project Manager and vendor staff will work with the state project team to develop training materials focused on end users. This task involves the following activities:

- Develop training strategy.
- Schedule training.
- Conduct training.

Coordinating training sessions will be a high priority and should be done well in advance of the planned classes to allow for the resolution of scheduling conflicts.

12.4 Develop Technical Documentation and Schedule Training

This task focuses on developing further system documentation, developing operating procedures, and scheduling ESA IT staff for training to ensure that they are trained on the technical aspects of

the Phase 1 and Phase 2 of the e-Child Care system. To provide adequate technical documentation and training, the following activities are required:

- Create system documentation.
- Develop operating procedures.
- Provide system-specific training to ESA IT staff.
- Plan, schedule, and attend required external training (IT staff).

Technical training will be required for the IT staff who will support the system. Coordinating training sessions will be a high priority and should be done well in advance of the planned classes to allow for the resolution of scheduling conflicts.

Task 13 – Pilot Test and Implementation

To certify the system and to validate the implementation process, the project team will conduct a pilot test integrating Phase 1 and Phase 2 functionality. During the pilot test, the system will be tested in a “live” environment, and special on-site support will be provided. At this point, any system errors will be fixed and communicated to testers. At completion of the system test, the project team will assess the results, modify implementation and support processes, and prepare to pursue further site implementations. Finally, the system will be implemented throughout the program. System performance will be carefully monitored, and problems will be resolved and documented.

13.1 Plan Pilot Test

To coordinate and plan pilot testing, several important activities must occur. This process involves the following:

- Identify pilot site(s).
- Prepare for pilot training.
- Establish process to manage issues identified during pilot.

Identification of a potential pilot site should begin early in the phase. Managing issues identified during the pilot will be important, and a process should be established during this task to respond to pilot test feedback. Once this task is complete, the pilot test can be conducted.

13.2 Conduct Pilot Test

The Implementation Project Manager and staff will lead the pilot-testing process for the system. Using the testing and training plans developed earlier, the Implementation Project Manager and staff will provide pilot-user training and support. At a minimum, pilot testing should include the following activities:

- Conduct pilot-user training.
- Provide pilot support.
- Monitor performance and identify problems.
- Evaluate system reliability and performance.

Problems encountered during the pilot test must be identified early and solved quickly. This task should enable the project team to thoroughly evaluate the system. At completion of the pilot test, it will be possible to begin preparations for system implementation.

13.3 Prepare for General Rollout

After analyzing the results of the pilot test, the Implementation Project Manager and staff as well as the project team will be able to determine the effectiveness of the pilot system. Revisions to the system and training procedures will be required in order to tune the system for optimal performance. This effort encompasses the following:

- Evaluate effectiveness of pilot.
- Implement changes to training.
- Implement documentation changes.
- Implement operational changes.
- Effect final system changes.
- Tune system performance.
- Establish and implement problem-reporting and -tracking processes.

Once these activities have been completed, it will be possible to implement the system.

13.4 Implementation

In this task, the Implementation Project Manager and staff will deploy the Phase 1 and Phase 2 functionality of the new e-Child Care system that has been tested and accepted in previous tasks. To implement the new system components successfully, the following activities are required:

- Document system users.
- Establish security profiles.
- Prepare operations for implementation.
- Convert data (as needed).
- Monitor performance.
- Monitor system for problems and errors.

The Implementation Project Manager and staff will implement and configure the new system throughout the program. This will be performed in a manner that will have the least negative impact on the user community and other child care stakeholders. The Implementation Project Manager and staff will work with ESA IT and other e-Child Care Project staff to accomplish this deployment and verify that it has been completed successfully.

PHASE 3 – QUALITY SYSTEM DESIGN, DEVELOPMENT, AND IMPLEMENTATION

This phase builds on the work completed during Phases 1 and 2, in which the initial design and system architecture were established. Phase 3 will result in development and implementation of Quality, Planning, Program and Service Definition, and Information Technology Management functionality of the e-Child Care system. The tasks required to complete this phase include ongoing support activities, as well as those tasks directly related to system design, development, interfaces, testing, training, and implementation. These specific tasks are described below.

Task 14 – Project Architecture

In order to capture the logic behind the Phase 3 design and properly distribute this information, thorough architecture activities will be required. These project activities focus on documenting the new system, including changes and revisions, as well as developing ESA IT staff.

14.1 Maintain and Administer Database Architecture

This task focuses on maintaining and updating the database in order to meet the functional and specification needs related to Phase 3 functionality and how it relates to Phase 1 and Phase 2 functionality. The following activities are involved in this task:

- Maintain data architecture.
- Manage and coordinate database changes.
- Update and distribute the data dictionary.
- Provide consultation and expertise to development staff.
- Identify and resolve potential database performance issues.

Effectively managing changes and enhancements to the core database will be essential to ensure a fully operational system with data integrity.

14.2 Maintain and Manage Technical Infrastructure Architecture

This task focuses on maintaining the technical environment. Coordination and management of multiple simultaneous activities will be essential to properly implement changes to the new system. To successfully administer the new technical infrastructure, the following activities must occur:

- Maintain server and operating environment.
- Maintain interfaces.
- Coordinate and manage hardware changes.
- Coordinate and manage operating system and utilities software changes.
- Identify and resolve potential technology- or capacity-related performance problems.
- Provide assistance to the project team in understanding the technology environment.

Other activities related to establishing the ongoing e-Child Care system infrastructure framework will need to be identified and plans implemented.

14.3 Update Functional Architecture

The new functional architecture will require activities focused on maintaining a system-wide perspective. External systems related to Phase 3 functionality must be thoroughly reviewed to

develop strategies for interfacing. Likewise, data conversion efforts must be carefully planned and coordinated. This effort encompasses the following activities:

- Maintain system-wide perspective on system functionality.
- Assist the development team in high-level and detail design.
- Coordinate the resolution of design issues.
- Map all data conversion requirements to the new and old system.
- Develop strategies for interfacing and exchanging information with external systems.

Additional activities related to establishing the ongoing e-Child Care system functional framework will need to be identified and plans implemented.

Task 15 – Requirements and Detail Design

Task 15 is the first stage of the development process for Phase 2. This task involves clearly defining system requirements, building an architecture, creating a system design, and determining how to integrate work completed in Phase 1.

15.1 Confirm Requirements

Using the documented system requirements from Phase 1 and Phase 2 as a foundation, this step requires the Implementation Contractor and subject matter experts to perform the following:

- Review and update system requirements.
- Map requirements to functional components.

At completion of this task, the implementation team will have a clear understanding of the system requirements and will have defined the core components.

15.2 Confirm Architecture

Using the requirements developed in Phase 1, Phase 2, and the previous task, the project team will be able to confirm the system architecture. The architecture provides a global view of the system and illustrates the linkages between elements. The project team will be required to:

- Assess and confirm designs.

- Examine system capabilities and data structures.
- Identify reusable functionality.
- Identify reusable data structures.

This information will assist in developing a detailed specification for each major element of the system.

15.3 Finalize System Design

Using the system architecture developed in Phase 1 and Phase 2, the project team will develop detailed designs that are specific to Phase 3 functionality and requirements. The detailed design outlines in more concrete terms how components will be built and implemented and illustrates for stakeholders how the system components will interact. The project team will be required to:

- Create detailed designs for common/reusable components.
- Design system interface specifications.
- Design download and extract function.
- Finalize database design and schema.
- Finalize detailed program specification.
- Confirm report templates.
- Present general system design.
- Finalize system design.

At completion of this task, the project will have developed detailed specifications for each major element of the system.

Task 16 – Code and Unit-Test

Based on the functional specification developed in Phase 1, Phase 2, and the previous task, the project programmers will develop specific modules. These modules will be unit-tested by the developer and formally reviewed by the project team to ensure completeness. The completed modules will be bundled into subsystems and passed on to integration and acceptance tests.

16.1 Prepare Development Environment

In this sub-task, the development environment specified in Phase 1 and Phase 2 will be utilized. Activities include the following:

- Establish development partition or server for Phase 3.
- Allocate disk space for development.
- Install development tools.
- Install transaction monitor.
- Configure Web server.
- Install and organize configuration management tools.
- Identify, install, and configure other required utilities.

This environment will facilitate development of the new data system. To meet project schedules and timelines, it is essential that a high level of structure and organization exists.

16.2 Revise Development Standards and Process

In addition to establishing the development environment, it is necessary to implement associated standards and processes for Phase 3 similar to those utilized in previous phases. Accomplishing this requires completion of the following activities and ensuring that Phase 3 development standards and processes are consistent with Phase 1 and Phase 2:

- Revise graphical user interface (GUI) standards.
- Assess code and technical standards.
- Create object hierarchy (as needed).
- Revise naming standards and conventions.
- Revise configuration management and version control processes.

Development standards and processes will enable the project team to efficiently develop components of the Phase 3 functionality and requirements for the e-Child Care system.

16.3 Partition, Develop, and Unit-Test Subsystem

Task 16.3 focuses on creating the core subsystems for Phase 3. This effort encompasses the following activities:

- Identify common functions.
- Develop data systems extracts and downloads from existing systems.
- Create common routines and stored procedures.
- Develop and test menu and security framework.
- Develop and test Phase 2 system functionality and components such as:
 - » Provider management subsystem.
 - » Client management subsystem.
 - » Payment subsystem.
 - » Import and extract functionality.
 - » Interfaces.
 - » Conversion processes.
- Create reports.

These activities represent the majority of the system development for Phase 3. It is essential that scope is managed during this task and that major milestones are met.

16.4 Prepare System Documentation

The Implementation Project Manager and staff will be responsible for documenting the components of Phase 3, including the core database and subsystems. This task, at a minimum, should address the following activities:

- Finalize database models.
- Finalize functional model.
- Create operational procedures.
- Define administrative tasks.
- Create support and operations plan.

System documentation will allow ESA IT staff and end users to fully understand the inherent logic of how functionality integrates between phases. Clearly organized documentation will facilitate future modifications and enhancements.

Task 17 – Integration and Acceptance Testing

Integration and acceptance testing is the process of bringing together different modules that make up a subsystem and testing them in an integrated manner. The process of integration and acceptance testing includes developing a detailed test strategy, developing a test environment, conducting systems integration and acceptance tests, and certifying the system as ready for pilot testing.

17.1 Prepare for Testing

In order to test the different modules, various preparations will be required. This task encompasses the following activities:

- Develop a detailed test plan for Phase 3 test activities.
- Establish specific “entrance” and “exit” criteria for test phases.
- Develop integration and acceptance test scripts based on detailed design specification.
- Establish error-reporting process.
- Establish a test environment.

Devoting time to prepare for testing in this manner will save time in subsequent tasks. This organization will help prevent costly errors during integration and acceptance testing. In addition, it will allow the project team to develop objective test entrance and exit criteria to assist with the decision to move on to the next project phase.

17.2 Conduct System Integration and Acceptance Test

During this task, the Implementation Project Manager and staff will lead the system integration and acceptance testing for integrated Phase 1, Phase 2, and Phase 3 system functionality along with state staff. The testing team will use the procedures, test scripts, and testing tools previously developed to test and, if necessary, retest the applications and document the results. The following activities are involved:

- Identify and schedule testing team.

- Conduct test and record errors.
- Coordinate errors with development team.
- Prepare new components for inclusion.
- Conduct regression test.

Integration and acceptance testing involves progressively combining and testing software and hardware components until the entire system has been completely united. Because this system will have multiple components, integration and acceptance testing will allow the project team to determine when the system is ready to be pilot-tested.

17.3 Certify the System as Ready for Pilot

When integration and acceptance testing is complete, it will be possible to assess the testing results and make appropriate changes. Once the system has been fine-tuned, it will be possible to certify the system as being ready for pilot testing of Phase 1, Phase 2, and Phase 3 combined. To successfully certify the system, the following activities will be required:

- Assess testing results.
- Determine overall usability of the system.
- Establish workarounds for known problems.
- Recommend moving forward to the steering committee.

Once the recommendation to the steering committee has been made, the user community will be prepared for the pilot test. Training will be provided by the Implementation Project Manager and staff and will be supported by user documentation.

Task 18 – Documentation and Training

Based on system design of the integrated phases for e-Child Care, project staff as well as the Implementation Project Manager and staff will develop system documentation and training material, including user documentation and technical specification documents. The training will address primarily user education but will also provide tutorials for technical staff.

18.1 Develop Phase 3 Training

The Implementation Project Manager and staff will work with state project staff to develop detailed plans, documentation, procedures, and presentation materials for conducting training. Specifically, this task includes the following activities:

- Define training goals and requirements.
- Create curriculum.
- Create training materials.

Training materials must be developed with the end user in mind and must be easily understood by both trainers and trainees.

18.2 Create User Documentation and On-Line Help

This task focuses on developing extensive system documentation for previous phase and Phase 3 functionality that will be utilized by end users. The Implementation Project Manager and staff will be responsible for creating desktop versions and developing on-line help features. The following steps should be taken to develop comprehensive user documentation:

- Create user manual.
- Develop desktop guide.
- Create on-line help.

As with training materials and curriculum, user manuals and desktop help features must be comprehensive and simple to understand.

18.3 Deliver End-User Training

The Implementation Project Manager and vendor staff will work with the state project team to develop training materials focused on end users. This task involves the following activities:

- Develop training strategy.
- Schedule training.
- Conduct training.

Coordinating training sessions will be a high priority and should be done well in advance of the planned classes to allow for the resolution of scheduling conflicts.

18.4 Develop Technical Documentation and Schedule Training

This task focuses on developing further system documentation, developing operating procedures, and scheduling ESA IT staff for training to ensure that they are trained on the technical aspects of the entire integrated e-Child Care system. To provide adequate technical documentation and training, the following activities are required:

- Create system documentation.
- Develop operating procedures.
- Provide system-specific training to ESA IT staff.
- Plan, schedule, and attend required external training (IT staff).

Technical training will be required for the IT staff who will support the system. Coordinating training sessions will be a high priority and should be done well in advance of the planned classes to allow for the resolution of scheduling conflicts.

Task 19 – Pilot Test and Implementation

To certify the system and to validate the implementation process, the project team will conduct a pilot test integrating Phase 1, Phase 2, and Phase 3 functionality. During the pilot test, the system will be tested in a “live” environment, and special on-site support will be provided. At this point, any system errors will be fixed and communicated to testers. At completion of the system test, the project team will assess the results, modify implementation and support processes, and prepare to pursue further site implementations. Finally, the system will be implemented throughout the program. System performance will be carefully monitored, and problems will be resolved and documented.

19.1 Plan Pilot Test

To coordinate and plan pilot testing, several important activities must occur. This process involves the following:

- Identify pilot site(s).

- Prepare for pilot training.
- Establish process to manage issues identified during pilot.

Identification of a potential pilot site should begin early in the phase. Managing issues identified during the pilot will be important, and a process should be established during this task to respond to pilot test feedback. Once this task is complete, the pilot test can be conducted.

19.2 Conduct Pilot Test

The Implementation Project Manager and staff will lead the pilot-testing process for the system. Using the testing and training plans developed earlier, the Implementation Project Manager and staff will provide pilot-user training and support. At a minimum, pilot testing should include the following activities:

- Conduct pilot-user training.
- Provide pilot support.
- Monitor performance and identify problems.
- Evaluate system reliability and performance.

Problems encountered during the pilot test must be identified early and solved quickly. This task should enable the project team to thoroughly evaluate the system. At completion of the pilot test, it will be possible to begin preparations for system implementation.

19.3 Prepare for General Rollout

After analyzing the results of the pilot test, the Implementation Project Manager and staff as well as the project team will be able to determine the effectiveness of the pilot system. Revisions to the system and training procedures will be required in order to tune the system for optimal performance. This effort encompasses the following:

- Evaluate effectiveness of pilot.
- Implement changes to training.
- Implement documentation changes.
- Implement operational changes.
- Effect final system changes.

- Tune system performance.
- Establish and implement problem-reporting and -tracking processes.

Once these activities have been completed, it will be possible to implement the system.

19.4 Implementation

In this task, the Implementation Project Manager and staff will deploy the Phase 3 functionality of the new e-Child Care system that has been tested and accepted in previous tasks. To implement the new system components successfully, the following activities are required:

- Document system users.
- Establish security profiles.
- Prepare operations for implementation.
- Convert data (as needed).
- Monitor performance.
- Monitor system for problems and errors.

The Implementation Project Manager and staff will implement and configure the new system throughout the program. This will be performed in a manner that will have the least negative impact on the user community and other child care stakeholders. The Implementation Project Manager and staff will work with ESA IT and other e-Child Care Project staff to accomplish this deployment and verify that it has been completed successfully.

PHASE 4 – USE AND TUNE SYSTEM

This phase builds on the work completed during previous phases, in which the new system was developed, tested, and implemented. Phase 4 will result in the further development and refinement of the new data system. Primarily, the Implementation Project Manager and staff will be responsible for fine-tuning the new system. This activity is briefly discussed below.

Task 20 – Support and Maintain New System

The Implementation Project Manager and staff will monitor the performance of the new system and modify the system when necessary. During this phase, the project team will evaluate the implementation and make recommendations for further improvements. In addition, it will be necessary for ESA IT staff to transition from a project team to an ongoing support and maintenance team.

IX. PROJECT RISKS AND GAP ANALYSIS

IX. PROJECT RISKS AND GAP ANALYSIS

The project will have several risks associated with it. These risks will need to be monitored throughout implementation and beyond to ensure that users accept the system and benefits are achieved. In addition, there are several “gaps” between the new proposed environment and the existing methods of operation that must be addressed to ensure that the new operational environment is accepted by users and can be supported after implementation and that intended benefits are achieved. This subsection describes the following project risks and includes a discussion of gaps and impacts to the existing environment:

- A. Project Planning
- B. Project Resources
- C. Functional Risk
- D. Organizational Risk
- E. Stakeholders
- F. Project Schedule
- G. Gaps and Impacts
- H. Impact on Existing System

A. PROJECT PLANNING

Project planning risks are described below.

■ Project Estimates

Project estimates may be understated, and the project may require more resources than predicted. The project may have to request additional resources to meet its objectives. Estimated funding and project resources must be available throughout each phase of the project to ensure an efficient transition from phase to phase.

To mitigate this risk, we recommend that detailed project plans be developed and reviewed prior to initiating a new phase of the project. The estimates contained in this report are reasonable estimates of magnitude and need to be reviewed and substantiated as the project enters into each new phase. Estimated staff resources must be kept abreast of schedule or scope changes to ensure their ongoing availability.

■ Monitoring and Control

The project may not progress as planned and may have difficulty meeting milestones and objectives. Complexity associated with a phased approach requires more detailed planning and coordination of resources that will be required at different phases of the project.

Project management systems, including monitoring and control procedures, are required to keep the project on task and within budget. A qualified project manager is required to build the system in a timely manner. In addition, the project will utilize an independent quality assurance vendor who has previous experience with the implementation of similar systems. This quality assurance monitor must work closely with the project team but report directly to the project sponsor to ensure that findings and recommendations are communicated appropriately.

■ Project Oversight

Project oversight personnel must be engaged and active in making scoping decisions that can affect the schedule, resources, and outcome of the project.

This risk can be mitigated by establishing regular project reporting procedures and including oversight personnel in key discussions and decisions. Good project management procedures and communication will provide the appropriate credibility for oversight to be involved but not intrusive.

B. PROJECT RESOURCES

Risks associated with project resources are:

■ Funding

Additional project funding may not be available to complete the project in the event that the timeline is overextended. A phased implementation approach will likely require resources to be extended over a longer period of time than a single release strategy.

Accomplishing the project in several well-designed segments mitigates this risk. The application can be scaled back if necessary to provide critical functionality, delaying other functionality until after the base application and mandatory requirements have been implemented.

■ Staffing

Project staff (state and contract) may not be available to conduct the project. A phased implementation approach will require project staff to be engaged in the project for a longer period of time than a single release strategy. Additionally, staff may be required to participate

in the project several times for the same or similar activities (e.g., requirements clarification, testing, training, etc.) in multiple phases.

DSHS must ensure that state staff are available when needed throughout the design, development, and implementation. By contracting for essential staff, DSHS can ensure that key project personnel are assigned and remain stable throughout the project. State personnel need to be trained to support the new system. The project must develop a detailed project staffing plan that aligns with the key project tasks and milestones contained in the project plan. This staffing plan will allow project management to communicate staffing needs or constraints.

C. FUNCTIONAL RISK

Functional risks of the e-Child Care system are described below.

■ Privacy

The new data system will be providing clients with access to confidential information through the Internet. There is a remote risk that unauthorized persons could access private records of children and families.

DSHS will be responsible for providing adequate security to control access to family and children information. The current industry practice is to use encryption to transfer and display private, confidential information.

■ User Acceptance

The system must receive acceptance by the end users to be successful. It must operate within acceptable performance targets and be easy to use and interact with. The integrity and reputation of the system will be critical to its acceptance and use. Additionally, the system must be intuitive to use. The risk is that if the system is not easy to use or intuitive to understand, end users may reject it and continue with current operations. A phased approach can introduce more complexity related to user acceptance and understanding context of the system as a whole. Users may not see immediate benefits depending on how critical system functionality is rolled out.

Acquiring a system that includes a friendly and intuitive user interface can mitigate this risk. A well-designed process that is user-friendly and assists end users to accomplish their desired results will likely receive positive acceptance by the user community. In addition, a comprehensive change management, training, and communication planning process should be developed to ensure that users understand the capabilities of the new system, that benefits of the new system are communicated, and that users are adequately trained.

■ Reliance on Internet for Mission-Critical Functions

The Internet may not be readily available to or accepted by some targeted stakeholders. Development of Web support processes and staffing support will be critical to this project's success. For example, service providers and families are key stakeholders in this system, and it is imperative that they utilize the system where practical to ensure that benefits are realized.

DSHS must develop the core competencies required to support the new operating environment. DSHS should develop a mentoring and training program that encourages all identified stakeholders to use the system. DSHS should supplement state staff with contract personnel who possess the appropriate skills.

D. ORGANIZATIONAL RISK

Organizational risks are listed below.

■ Integration of Multiple Program Elements

This project suggests that several program elements be distributed among different administrations and DSHS divisions such as payment functionality residing in MMIS. Several divisions will have natural vested interests in what the data system is and how it is implemented. There is a risk that these different organizations will not be able to work together to build a data system that meets the needs of each organizational unit.

Establishment of a management charter with clear roles and responsibilities and a process for communication and decision making is essential to mitigating this risk.

■ Technical Support Availability

This project depends upon the availability of personnel who have the technical competencies for implementing and maintaining this system. If qualified and expert state systems technical staff cannot be found, the quality of the implementation will suffer, resulting in a system that does not meet business needs, is not user-friendly and intuitive to use, and is not resilient enough to adapt to changing business situations.

This risk is mitigated by including system support training and mentoring for state staff as a part of the evaluation process associated with the procurement and development of a contract with the systems developer. In addition, the governance for technical support of integrated systems such as MMIS must be an enterprise-level model to ensure that necessary technical and functional changes within different programs are properly prioritized.

■ Integration Into Existing ESA/DSHS Systems

The e-Child Care system will become an important component in the overall child care services delivery strategy. The new e-Child Care system must be compatible with the ESA and DSHS IT infrastructure used to develop and support the current systems. If this cannot be achieved, DSHS will require extensive modifications to the current systems to support the e-Child Care initiatives.

This risk can be abated by procuring an e-Child Care system using industry mainstream practices and operating in an open environment, including Internet and other common networking protocols that are consistent with current ESA and DSHS systems and support capabilities. The DSHS ESA technical staff need to be included in the planning and development of the e-Child Care system technical architecture.

E. STAKEHOLDERS

Risks associated with stakeholders of the new e-Child Care system are as follows:

■ Stakeholders' Support for the System

Stakeholders who have a vested interest in the system must continue to support it. If they perceive that the new system does not meet their interests or that they will not benefit from it and withdraw their support or even work actively against the project, the e-Child Care Project will be at risk of failure. Additionally, the introduction of a phased implementation approach may impact stakeholder support for the new system if their immediate needs are not addressed in the first phase/rollout of the e-Child Care system.

To mitigate this risk, it will be essential for the Executive Sponsor, Project Executive, and State Project Manager to communicate regularly with the project sponsors to ensure that the system being developed meets their needs and results in the appropriate benefits being delivered to stakeholders. The needs of stakeholders must be considered in the design, and appropriate and clear expectations of what the system will and will not accomplish must be clearly communicated.

■ Local Acceptance of the e-Child Care System

The system must meet the needs and expectations of the community partners, service providers, and clients who will use it, as well as the requirements of DSHS personnel and programs. If those involved do not accept the system, many of its benefits will not be realized.

To mitigate this risk, participation and communication between DSHS, the systems developer (contractor), and the community partners and providers must be maintained. They need

to have input into the design and implementation of the system. Clear expectations of what the system will and will not accomplish must be communicated.

F. PROJECT SCHEDULE

The following describes risks in terms of the schedule:

■ Phased Project Schedule

The phased project schedule may increase costs and require dedicated project resources for a longer period of time than a single release strategy. Requesting a systems integrator to propose a solution, including a detailed schedule, will mitigate this risk by helping to ensure that project resources are available only when needed. In addition, a comprehensive project plan will be developed, with milestones. Milestone reviews will increase the ability to predict when critical resources are needed and reduce the likelihood of increased project costs.

■ Schedule Tracking and Control

Many IT projects run into difficulty because they fail to closely track and control the schedule. Changes in scope and failure to bring tasks to closure can result in schedule slippage and higher project costs.

DSHS must have a disciplined project tracking, deliverable review and approval, change control, risk/issue/action item tracking, and monitoring process in place.

G. GAPS AND IMPACTS

The following gaps between the new proposed e-Child Care operational environment and the existing operational environment and their potential impacts were identified. Each gap/impact should be considered in the overall risk management process throughout implementation and mitigation strategies identified to ensure that they do not negatively impact the usability, acceptance, or benefits of the new system.

■ Hardware

The target system platform will be operate on modern servers (e.g., Windows 2003 servers). The servers will be procured and managed by the ESA Information Technology Division (ITD). The preferred database is a relational database system that is consistent with future DSHS architecture specifications.

The systems integrator will develop a detailed system architecture specification that will define the technical architecture including the hardware, network, and software that will support the e-Child Care application. These components include the following:

- » *Servers* – Servers designed to provide a reliable, scalable, and robust infrastructure will be procured to deliver robust, secure, and scalable services that provide access to data to multiple stakeholders. Existing ESA IT resources may need some additional training and mentoring from the vendor staff to ensure that they understand how servers were configured and customized.
- » *Notebook PCs* – Notebook PCs will be acquired for licensers to allow them to record the results of visits to providers in real time and synchronize records, thereby eliminating much of redundant, manual work that is done today. These notebook PCs will require training for IT support personnel for ongoing maintenance and troubleshooting and to ensure that they are configured properly. The addition of these notebook PCs represents a culture and process change for licensers. This will require extensive training to ensure that they understand not only how the application works but how their jobs will change as a result of utilizing technology in the field.

■ Software

As described earlier, DSHS's strategy is to implement an enterprise architecture that includes a disciplined set of common services which all applications and lines of business can use. This will focus the agency's IT support on a narrow technology set, improving the IT support staff's ability to maintain systems. The e-Child Care software capabilities must be aligned, shared, and supportable throughout the enterprise. For example, this will allow diverse business program components to share common data reporting and analysis tools.

In an environment of diminishing resources, the e-Child Care Project cannot afford to support disparate technologies. Focusing on a common technical architecture and developing common services allows for more IT capability and capacity throughout the enterprise.

■ Ongoing Maintenance

ESA IT will be responsible for the ongoing maintenance of the system. The staff will implement a change management process to identify needed system changes in a structured way in order to maintain the integrity of the system's assets. As mentioned above, the ESA IT staff will likely require additional training and mentoring from the implementation vendor to ensure that ongoing maintenance needs, skills, and capabilities are well understood.

■ Information Security

The business requirements include security and privacy requirements for the e-Child Care system. The application will be built using application, system, and database security. Application security will define what information users can access, update, add, and delete. System security will control access to the system and technology components. Database security will control access to database assets, including entities and data elements.

An ESA IT security administrator will establish a security architecture and devise a security administration scheme to ensure that the application and associated data are secure and that state privacy policies are supported. This will likely require input and assistance from DSHS IT staff to ensure that enterprise policies are met.

■ Impact on End Users

Integration of e-Child Care system components with business processes will change the way in which the business users conduct their business. Although the basic business processes and decisions will be the same, end users will move from utilizing multiple, disparate information systems and paper-based processes to using an integrated application to guide their work flow, decision making, and reporting. Based on security rights, users will be able to access, view, update, etc., case or provider information directly from the workstation. In addition, it is envisioned that when they have completed a transaction, in some instances it will be forwarded to another person's work queue for review and approval or additional processing.

Most end users are already utilizing information systems as part of their business operations. They have computers on their desks and regularly use them to record their decisions and accomplish their work. The DSHS workforce is mature in its use of computers; however, other stakeholders may require significant training and ongoing support to ensure that benefits are realized. This project will increase stakeholder use of computers and should result in faster throughput and better access to information to improve decision making if managed correctly.

H. IMPACT ON EXISTING SYSTEM

Some existing systems will be required to accommodate and integrate with the new e-Child Care architecture. ESA plans, where practical, to interface and integrate with existing systems or components and acquire some new components, resulting in an improved business process that has a new business application, work flow management, and new ways to interact with the agency customers. This will likely require additional IT support for existing systems to ensure that interfaces work as intended.

X. COMPREHENSIVE COST-BENEFIT ANALYSIS

X. COMPREHENSIVE COST-BENEFIT ANALYSIS

This section describes the project's incremental costs and details how these costs were derived. Further, this section explores the benefits to implementing the new system, describing both tangible and intangible benefits, and discusses risks associated with the project.

A. COSTS¹

APPENDIX X-A, Costs and Benefits Calculations, contains the Department of Information Services (DIS) cost-benefit forms, which detail the project costs and benefits of the solution. The following are provided to support the DIS cost-benefit analysis:

1. Current Operating Costs

Form 4 contains the current operating costs projected into the future. These numbers reflect additional ongoing operating costs associated with staff and system operations costs related to child care cost allocations for the Case and Management Information System (CAMIS) and Social Service Payment System (SSPS), as well as additional personnel, hardware, and software operating costs. A 2.5 percent inflation factor was applied to each subsequent year, beginning in 2007.

2. Future Operating Costs

Form 4 also contains the future operating costs that could be expected from the proposed solution. The solution will not lead to changes in personnel or any other significant infrastructure change.

APPENDIX X-B further details the annual ongoing costs for the proposed solution. The following ongoing operating expenses (which are detailed in that appendix in Alternative Cost Model – State Resources; Alternative Cost Model – Vendor Costs; Current and Proposed Operations Costs; and Alternative Cost Model – Totals) could be expected, above and beyond the current operating expenses:

■ Professional Services

It is estimated that it will cost approximately \$30,000 annually for ongoing support and maintenance from the implementation vendor to support the system.

¹ Cost information was derived from a Request for Information (RFI) from the vendor community conducted by the e-Child Care project and from a survey of peer organizations in other states.

■ Hardware Maintenance²

Creation of a new data system will involve the implementation of new hardware technology, such as servers, workstations, and disk storage. Expected hardware expenditures represent either the acquisition of a new system or the extension of existing platforms. Specific maintenance components will include:

- » *Server Maintenance* – 25 percent of purchase price (\$50,000). With the purchase of one additional server, this will amount to approximately \$12,500 per year.
- » *Disk Storage Maintenance* – 25 percent of purchase price (\$2,000). With two disks being utilized, this will amount to approximately \$1,000 annually.
- » *Tablet PC Maintenance* – 50 percent of purchase price (\$3,000). With 120 tablet PCs being utilized and a 2-year replacement cycle, this amount will be approximately \$180,000 annually.
- » *Other Maintenance* – This includes maintenance not covered by warranties that is estimated at \$2,475 annually based on 33 percent of purchase price (\$7,500).

■ Software Maintenance and Upgrade

In addition to the hardware required to develop the new system, operating, development, database management, and utilities software will be required as well. It may also be necessary to purchase software development tools. The expected software outlay for this implementation will include:

- » *Operating System Ongoing Maintenance* – This will amount to approximately \$60 annually based on purchase of 2 licenses and 10 percent of purchase price (\$300).
- » *Database Management System Support* – This will amount to approximately \$8,000 annually based on 10 percent maintenance costs of 2 database management systems.
- » *Software Development Tool Support* – This will amount to approximately \$30,000 annually based on 10 percent of purchase price of software development tools (\$300,000).
- » *Utilities Licensing and Configuration* – This will amount to approximately \$1,000 annually based on 10 percent of purchase price (\$10,000).

² These ongoing maintenance costs were derived from the cost specifications received from the vendor community in an RFI conducted by the e-Child Care project and based on existing Economic Services Administration (ESA) Information Technology Division (ITD) maintenance and replacement schedules.

- » *Communications Software* – This will amount to approximately \$200 annually based on 10 percent of purchase price (\$2,000).
- » *Other Software* – Other miscellaneous software maintenance and upgrade costs are estimated at \$200 annually.

3. Project-Related Costs

APPENDIX X-A contains the proposed project costs. The costs below are further detailed in APPENDIX X-B: Alternative Cost Model – State Resources, and Alternative Cost Model – Vendor Costs.

The following table summarizes the estimated onetime project costs:

Salaries and Benefits	\$1,489,520
Professional Services	3,615,000
Hardware	421,500
Software	354,600
SSPS Interim Payment Solution	329,500
Travel	<u>25,000</u>
TOTAL	<u>\$6,235,120</u>

These costs are based on the following assumptions:

■ Salaries and Benefits

The Division of Child Care and Early Learning (DCCEL), CSD, providers, and other staff will be required to assist in the creation of the new system. For implementation of the new system, the cost per hour, including benefits, has been estimated as follows:

- » ITD manager – \$40 per hour.
- » Project office manager – \$30 per hour.
- » Communications manager – \$40 per hour.
- » Business analyst lead – \$40 per hour.
- » Business analysts (3) – \$30 per hour.
- » System architect – \$40 per hour.
- » Technical lead – \$40 per hour.

- » Change manager – \$30 per hour.
- » Training manager – \$30 per hour.
- » Testing manager – \$40 per hour.
- » Implementation manager – \$40 per hour.
- » ITD help desk – \$20 per hour.

■ Professional Services

Contractors will be used to accomplish key tasks, such as project management, system development, and implementation. For implementation of the system, the following types of contractors and hourly rates have been included:

- » Vendor project management – \$160 per hour.
- » Implementation quality assurance – \$150 per hour.
- » Documentation and training – \$100 per hour.
- » Configuration manager – \$120 per hour.
- » Programmers/analysts – \$105 per hour.
- » Database administrator – \$110 per hour.

■ Hardware

Creation of a new data system will involve implementation of new hardware technology, such as servers, workstations, and disk storage. Expected hardware expenditures represent either the acquisition of a new system or the extension of existing platforms. Specific components will include:

- » Server purchase and installation – \$50,000.
- » Tablet PCs – \$3,000 (each).
- » Disk storage – \$2,000 (each).
- » Other hardware – \$7,500 (each).

■ Software

In addition to the hardware needed to develop the new system, operating and utilities software will be required. It may also be necessary to purchase software development tools. The expected software outlay for this implementation will include:

- » Operating system licensing and configuration – \$300 (each).
- » Database management system licensing and configuration – \$40,000.
- » Software development tools licensing and configuration – \$300,000.
- » Utilities licensing and configuration – \$10,000.
- » Communications software licensing and configuration – \$2,000.
- » Other software licensing and configuration – \$2,000.

■ SSPS Interim Payment Solution

The subsidy payment process within the e-Child Care solution will be designed to support the use of the projected enterprise-wide provider payment system that is part of the DSHS MMIS application. Based on target implementation dates, it is likely that e-Child Care will be in production and making provider payments prior to the DSHS enterprise provider payment system implementation. In that event, the current child care provider payment system (SSPS) would be enhanced to allow for e-Child Care to interact and interface with the same architectural solution as if the final solution were in place. This would require SSPS to make modifications to its current processes and system to accommodate e-Child Care payment information. This onetime cost would be \$329,500 for additional developers to program and test the anticipated changes.

B. BENEFITS

There are several opportunities to leverage the capabilities of a new e-Child Care systems to benefit DSHS. Some of these benefits will have direct financial effects; others can result in indirect benefits by increasing operational efficiency and providing improved access to information. This subsection of the cost-benefit analysis outlines the major benefits that are associated with implementing the proposed e-Child Care solution. The benefits have been grouped into two categories:

- *Tangible Benefits* – These are benefits that can be directly measured in terms of cost reductions or cost avoidance.
- *Intangible* – These are benefits that result from operational efficiency and cannot be directly measured, but can be expressed in terms of time that is made available for other direct service activities. These benefits also improve the ability to meet operational objectives and improve service for the multiple stakeholders involved in child care in Washington.

1. Tangible Benefits

This subsection presents the tangible benefits associated with the new e-Child Care system. The benefits are based on the elimination of many of the payment errors currently plaguing DCCEL. Specifically, the tangible benefits identify overpayments resulting from duplicate payments for child care services. The implementation of a new e-Child Care system would eliminate these overpayments. APPENDIX X-C presents the assumptions and calculation of these tangible benefits.

The tangible benefits associated with this approach are estimated to be \$199,664 per month or \$2,395,965 annually.

2. Intangible Benefits

In addition to benefits that will directly impact the operational costs of DSHS, there are significant benefits associated with operational effectiveness improvements, better availability of information, more streamlined and efficient service delivery, etc. It is estimated that a new e-Child Care system would free up staff time that is focused today on manual or fragmented processes and allow the staff to focus on more direct service delivery. Several intangible benefits are associated with this approach for different stakeholders in the system. These include the following:

No.	Benefit Area	Intangible Benefits
Children and Families		
1.	Information Access for Families	Families will be able to access important child care services resulting from online applications, real-time data, and eligibility and other program information via an Internet connection. Information such as the location and regulatory history of service providers in their geographic area could be accessed by families and will allow them to make better informed child care placement decisions.
2.	Service Management	Families applying for the child care subsidy program will receive more timely eligibility decisions and services due to the efficiencies that will result from the increased automation of the e-Child Care system.
3.	Data Sharing, Coordination, and Communication	Families will have increased confidence in placement decisions due to the parents' ability to access the information needed to choose the most appropriate placement for their circumstances. Because the new system will enable improved data sharing between state agencies, providers, clients, and community partners, it will facilitate many functions of managing child care in the state of Washington, such as locating services for children and families, licensing providers, determining eligibility, ensuring program integrity and efficiency, etc.

No.	Benefit Area	Intangible Benefits
Child Care Providers		
4.	Service Management	By reducing delays in licensing approvals, payments, and requests for information through the availability of integrated data and more automated processes, providers will have increased confidence in the services they receive from the state. In addition, reducing delays in the current processes could encourage more providers to accept subsidy-eligible children.
5.	Access to Reliable Information	Providers will have increased access to reliable and clear information to better determine eligibility and services that their clients receive. Better access to information will also allow providers to have a greater awareness of policies and procedures.
6.	Access to Training and Course Offerings	Providers will have better access to training and course offerings available. This will better allow providers to meet training goals/needs and improve the quality of the services they provide.
7.	Safe and Healthy Environment	The simplification of provider record keeping through automation and standardization of forms and records will decrease the administrative burden on providers and increase their ability to ensure a healthy and safe environment.
Early Learning Professionals and Support Agencies		
8.	Access to Information and Program Responsiveness	Improved access to up-to-date and accurate information will improve the ability to make decisions, share information with consumers, or make better referral decisions.
9.	Data Sharing and Service Delivery	An increased ability to perform outreach and referrals will be achieved through improved automated processes and data sharing.
Licensing Staff		
10.	Operational Improvements and Service Goals	Reducing the time needed to perform the licensing process (e.g., application processing, monitoring of visits, complaint investigation, complaint resolution goals) will allow licensers to complete the licensing application process within 90 days. In addition, this will allow licensers to meet their goals for completing the monitoring of visits and investigation of complaints within 30 days.
11.	Program Assistance	Time savings realized by automating licensing data entry steps will allow for more proactive technical and program assistance for providers.
12.	Work Flow Management	Licensers will have a greater ability to perform license reviews by reducing the time needed to prepare disciplinary forms, prepare for monitoring visits, conduct monitoring visits, notify appropriate parties, and enter data into the system

No.	Benefit Area	Intangible Benefits
13.	Safe and Healthy Environment	Better access and management of incident, infraction, and complaint data will ensure that incidents/complaints are followed up on in a timely manner.
Community Service Office (CSO)/Authorizing Workers (AWs)		
14.	Service Delivery and Process Time Savings	The CSO/AWs will have a greater ability to provide more timely case decisions and a higher level of quality information to families as a result of time savings associated with better access to quality historical information from a single source. The CSO/AWs will have access to a more complete and accurate case history in the system, rather than having to access multiple systems and paper data sources to make decisions.
15.	Program Integrity	The CSO/AWs will be able to identify/reconcile possible overpayments and billing errors with integrated authorization, attendance, and payment information.
Administration		
16.	Improved Data Integrity and Quality	A single, integrated data source will allow for more timely, comprehensive, and accurate responses to internal and external requests for data.
17.	Service Delivery	Time savings associated with reduced data entry, data retrieval, and form preparation will allow staff to perform program tasks that are not currently being accomplished currently, such as desktop audits.
18.	Program Integrity	With better integration of information, the quality of data will improve throughout the program. Outcomes tracking throughout the program will also be improved, allowing DCCCEL/CSD to better gauge program effectiveness.
19.	Healthy and Safe Environment	Improvement in real-time information regarding criminal records checks, provider violations, and provider accreditation status will provide increased quality of child care and assure the safety of children.

C. COST-BENEFIT ANALYSIS AND RETURN ON INVESTMENT MODEL

The estimated onetime cost of completing the e-Child Care project is \$6,235,120, spread over three phases and three state fiscal years. In addition, there are anticipated ongoing costs for technical support staff and hardware, software, and network maintenance, as well as ongoing travel and administrative tasks. The following table outlines the estimated ongoing costs associated with maintaining the e-Child Care system:

Ongoing Costs Category	Ongoing Costs
Technical Support	\$604,800
Hardware Maintenance	195,975
Software Maintenance	39,460
Professional Services	30,000
Ongoing Travel and Administration	<u>15,000</u>
TOTAL	<u>\$885,235</u>

These maintenance expenses are scheduled to start in state fiscal year 2007. For the purposes of developing a net present value (NPV) for the project, we have assumed that ongoing costs will escalate at a rate of 2.5 percent per year, starting in state fiscal year 2007.

As described above, the estimated monetary benefits associated with implementing an e-Child Care system is \$199,664 per month or \$2,395,965 annually starting in state fiscal year 2007. For the purposes of calculating the NPV of the initiative, the estimated benefits were calculated at 75 percent of the total estimated tangible benefit, or \$1,796,974³.

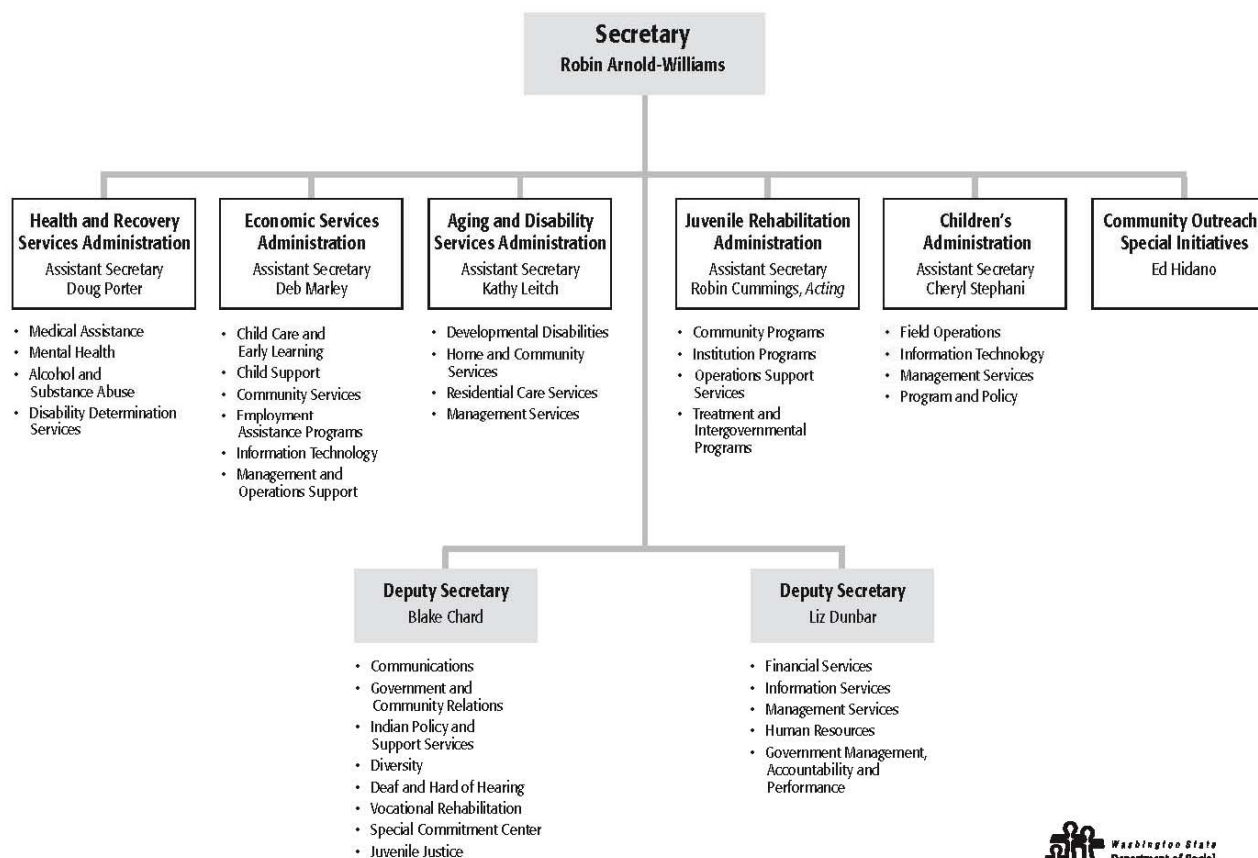
APPENDIX X-A provides a summary of the onetime and ongoing costs and estimated benefits for each state fiscal year. The estimated annual net savings (benefits less costs) are calculated and are discounted using a 6.5 percent cost of capital. Using this method, over a 10-year planning horizon, the project provides an NPV of \$3,386,734. The initiative has an approximate 3-year payback period after implementation of Phase 3, as the cost of the project will be offset by the discounted net savings in state fiscal year 2012.

³ The first-year benefit return has been calculated at \$898,497, or half of the anticipated benefit in subsequent years.

APPENDIX I-A
CURRENT ORGANIZATIONAL STRUCTURE OF DSHS

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT
BASELINE ANALYSIS AND COMPREHENSIVE NEEDS ASSESSMENT
CURRENT ORGANIZATIONAL STRUCTURE OF DSHS

Department of Social and Health Services



Effective July 11, 2005

APPENDIX II-A
STAKEHOLDERS INTERVIEWED

STAKEHOLDERS INTERVIEWED

The following stakeholders were interviewed during the preparation of the Needs Assessment:

BarCode:

Rick Lee

Eric Palmer

Fiscal:

State Auditor Group

Jane Wood

Lisa Benedict

Meagan Thorn

Richard Roberts

Bill Jordan

SSPS:

Charles Hunter

Fran Wilson-Maudsley

CAMIS:

Pat Dickason

Laura Schrager

Sheri Bruu-Deleon

Carol Nordby

CA Programs:

T. Simmons

Jan Hoppler

Diane Inman

Federal Reporting/Research and Data Analysis:

Laura Schrager

Fred Fiedler

ACES:

Bill Bergh

Willie Gulbranson

Client Registry:

Dave Sugarman

MAA:

Richard Campbell

Heidi Robbins-Brown

DCCEL:

Carla Gira

Mike Tournquist

APPENDIX II-B
FOCUS GROUP PARTICIPANTS

FOCUS GROUP PARTICIPANTS

The following stakeholders participated in focus groups during Baseline preparation:

Policy Group	Allura Hayden, Region 5 Call Center CSD staff.
Alexander Serebrayakov, Region 4 CSD staff.	Fay Hoyt, Region 3 Supervisor.
Tiffany Grigsby, Region 2 Lead Worker.	Mary Oakden, Program Manager – Policy Unit (Licensing).
Ralph Mercado, Region 5 Child Care Coordinator.	Iris Green, CSD Customer Relations.
Karen Allen, Region 3 CSD staff.	Cecelia Callison, Program Manager – Representing Seasonal Child Care.
Meg Bumford, Region 6 Child Care Coordinator.	Pat Dickason, Program Manager – Quality Assurance and Training Unit.
Luisa McEachern, Community Services Division	Shirley Hazen, Region 1 CSD staff.
Subsidy Subcommittee	Ruvine Jimenez, Department Director, Child Care Support Services (Benton/Franklin Community Action Committee.
Flo Allen, KinderCare.	Jean Bombardier, City of Seattle Child Care Subsidy Program.
Sherry Schleufer, Family Child Care Provider.	Christine Rosenquist, Director, Pierce County Child Care Resource and Referral.
Yvette Warbonnet, Columbia Legal Services.	Kathy Thamm, Region 1 Child Care Resources and Referral.
Donna Horne, Washington State Family Child Care Association President.	Lonnie Johns Browne, Child Care Advocate.
Charlotte Dedman, Region 6 Child Care Resource and Referral.	T. Simmons, Program Manager – CPS/CWS Employed Foster Parent CC, Children’s Administration.
Lisa McDonald, Senior Director, KinderCare.	
Licensing	
Joel Roalkvam – Region 4.	Blanca Smith – Region 2.
Brenda Martinez – Region 3.	Elesa Strauss – Region 6.
Martha Standley – Region 6.	Gloria Trinidad – Region 3.
Nelda Alaniz – Region 2.	

Providers	
Carol King – Child Care Center Director.	Melanie Barnes – Child Care Center Director.
Tamra Dschaak – Family Home Owner.	Kat McGunagle – Family Home Owner.
Jennifer Helms – Family Home Owner.	Karen Bruce – Spokane Public Schools.
Kathy O’Connell – Family Home Owner.	Jan Taylor – Child Care Center Owner.
Nancy Stevenson – Child Care Center Owner.	Michelle Sokoloski – Family Home Owner.
Natalie Furman – Family Home Owner.	

APPENDIX V-A
VENDOR RFI INFORMATION

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT ALTERNATIVE EVALUATION

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VENDOR RFI INFORMATION

Vendor	Functionality Information Provided	Type of System	Market Research
MAXIMUS, Inc.	Subsidy and licensing.	Integrated system.	July 2000, Georgia (child care payment processing system and IVR). Maryland (payment processing, eligibility, and case management modules. June 2003 – Web enabling). Florida (resource and referral, payment administration, child services monitoring, and compliance). Implementing in Vermont for total project cost of \$2.6 million.
U.S. Bank	Payment system – secure ACH transmission using VPN.	Payment component.	Unknown.
Citigroup/JPMorgan EFS	Pay Care child care subsidy management system.	Payment component.	Unknown.
Emerging Technologies, Inc.	Office Center – child care center administrative software.	Time clock mapping.	Air force bases and Church of God, Florida.
Kronos, Incorporated	Time and attendance solutions.	Time clocks, PC, IVR, wireless, and PDAs.	Mulberry Centers (part of KinderCare Learning Centers), Madison School District (Arizona), and Chicago Public Schools.
Affiliated Computer Services (ACS)	Electronic Benefits Transfer (EBT) – time and attendance.	EBT and Web technology.	Time and attendance (EBT) in Oklahoma and Indiana.
Covansys Corp.	Wait list, eligibility determination, provider management, licensing, attendance submission, and payments.	Child care management system.	Florida, Tennessee, Kentucky, Alabama, Nevada, and Fairfax County, Virginia, use client-server. Alaska and Connecticut beginning to implement Web. Estimated implementation cost – \$4.6 million including hardware, software, and consulting services.
Deloitte Consulting	Provider record management, case management, client record management, payments, and reporting.	Modular components and open architecture.	Wisconsin and New Hampshire use child care solutions. Pennsylvania – resource and referral component. Response for full solution estimated at \$4 million to \$7 million.
Search Software America (SSA)	Not a provider of e-Child Care solutions; forte is identity search and matching.	Software toolkit for applications that need to search and match names, addresses, and identification data.	Texas and Tennessee uses SSAs in their support enforcement.

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT ALTERNATIVE EVALUATION

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VENDOR RFI INFORMATION

Vendor	Functionality Information Provided	Type of System	Market Research
IBM	Online child care application for client to use to apply for services.	Day Care Portal – client self-screening; Day Care Integration – integration to legacy systems for eligibility and payments; Day Care Suite – integrated business processes for end-to-end processes \$4.5 million to 9.5 million.	Government of Alberta, Canada, uses the client online application. The Manitoba day care solution uses online screening, online applications, online research and referral, injury reports, online licensing process, licensing tracking, and links back into payment. Implementation costs estimated at \$3.5 million to \$5 million.
IMAGE-X Enterprises, Inc.	Document management solutions.	Electronic filing.	Georgia courts uses e-filing.

APPENDIX V-B
CHILD CARE SYSTEM DEVELOPMENT IN OTHER STATES

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
E-CHILD CARE PROJECT FEASIBILITY STUDY

STATE SURVEY: CHILD CARE SYSTEM DEVELOPMENT IN OTHER STATES – RESULTS SUMMARY

State	Technology/Functionality	Implementation	Approach	Strengths/Weaknesses	Cost
MD	Packaged vendor solution from MAXIMUS, Inc., with Web-based interfaces to Temporary Assistance to Needy Families (TANF) system (IBM); has payment but no attendance reporting.	New: 2-year, two-phased with a July 2005 implementation.	Staggered regional implementation to assure good support.	Managing two systems and conversion issues for statewide consistency; improving payment accuracy and reducing fraud.	First year – \$3,866,225, second year – \$3,410,895, with \$1,500,000 of the total being earmarked for hardware and system software.
UT	New system is Web-based with some current program integration (TANF, Food Stamps, Medicaid), no attendance tracking, and pays parents directly (Electronic Benefits Transfer [EBT]: e-Funds).	Current system implemented in 1998; new system implementation is in process.	Two-year phased implementation starting July 2005.	Could align policies where possible; one worker does all programs. Current limits with manual entry of provider information; new system will integrate information. Difficult to switch to paying parents, not providers.	Information not available.
IA	Current system is not integrated; RFP let for Web-based solution that will integrate functionality (e.g., licensing, subsidy, attendance, eligibility, case management).	RFP responses due mid-December 2004.	Statewide rollout with all functionality.	Not applicable.	Information not available.

State	Technology/Functionality	Implementation	Approach	Strengths/Weaknesses	Cost
MT	Web-based integrated vendor-customized licensing and payment functions. Interfaces with TANF and Statewide Automated Child Welfare Information System (SACWIS) system. (Northrop Grumman Mission).	New system implemented with limited functionality. Old system and new system operational in tandem for 1 month.	Statewide rollout with all functionality and enhancements continued.	Case record reduction. Transfer of data, but system optimization and cleanup issues.	State effort over 3 years and \$1.77 million for add-ons.
IN	Web-based integrated child care licensing and payment (Consultant's Consortium and Affiliated Computer Services [ACS] packaged vendor); point of service (POS) with swipe cards. No integration with other programs.	Two-year phased functionality.	Staggered state rollout to priority counties.	Data conversion difficult, great data management, real-time information for providers, and immediate error discovery/correction challenges with swipe cards; more responsibility on parent for recording attendance.	Information not available.
VT	Web functionality (subsidy applications), interfaces with payment system, TANF/child support system, child abuse registry, protective services, and IV-E eligibility.	Design, Development, and Implementation (DDI) – 2 years with full functionality at implementation.	Statewide rollout after pilot.	Full rollout “big bang” approach is overwhelming. Training is the big issue. Business reengineering is difficult but will pay off in accountability.	\$3 million including hardware, software, consulting services, and support.

State	Technology/Functionality	Implementation	Approach	Strengths/Weaknesses	Cost
KS	Will have interfaces with Web functionality to multiple agencies and programs. EBT for subsidy payment.	Multiple-phased rollout. Child care EBT payments being piloted.	Information not available.	Information not available.	Information not available.

NOTE: Study of states' child care systems performed by the ESA ITD e-Child Care Project May 2003 and updated November 2004.

November 11, 2004

To Whom It May Concern:

The Washington Department of Social and Health Services (DSHS) to conduct a survey of how states utilize information systems for child care services. Washington is evaluating the feasibility of designing a Web-based integrated child care information system to improve its delivery methods, reduce payment errors and fraud, provide better access to information for all stakeholders, and ensure integration between other programs and within child care.

Prior to making a determination regarding how best to leverage the capabilities of an integrated child care information system, DSHS wants to gain an understanding of how other state child care departments are using this technology to improve program effectiveness and efficiency.

We would like to ask you if or how you utilize technology to manage child care services, whether you have implemented a new system, and whether the solution is integrated with the information systems that you use. If you are interested, we would be happy to share the results of the survey when it is completed.

Attachment

II. CONTACT INFORMATION

Name: _____
Title: _____
Organization: _____
Telephone/Fax: _____
E-Mail: _____
Mailing Address: _____

III. QUESTIONS

- A. DOES YOUR STATE CURRENTLY USE AN INTEGRATED INFORMATION SYSTEM TO SUPPORT THE DELIVERY OF CHILD CARE SERVICES (I.E., INTEGRATED FUNCTIONALITY FOR INTAKE/REFERRAL, ELIGIBILITY, CASE MANAGEMENT, PROVIDER LICENSING/MANAGEMENT, PAYMENTS, ETC.)?

If the department is not using an information management system for child care:

- B. HAS THE USE OF A WEB BASED, INTEGRATED CHILD CARE INFORMATION SYSTEM BEEN CONSIDERED?
- C. ARE THERE ANY PLANS TO IMPLEMENT THE TECHNOLOGY IN THE FUTURE?
- D. HAVE YOU CONSIDERED THE TECHNOLOGY AND DECIDED NOT TO IMPLEMENT IT? IF SO, WHAT WERE THE FACTORS THAT LED TO THE DECISION TO NOT IMPLEMENT THE TECHNOLOGY?

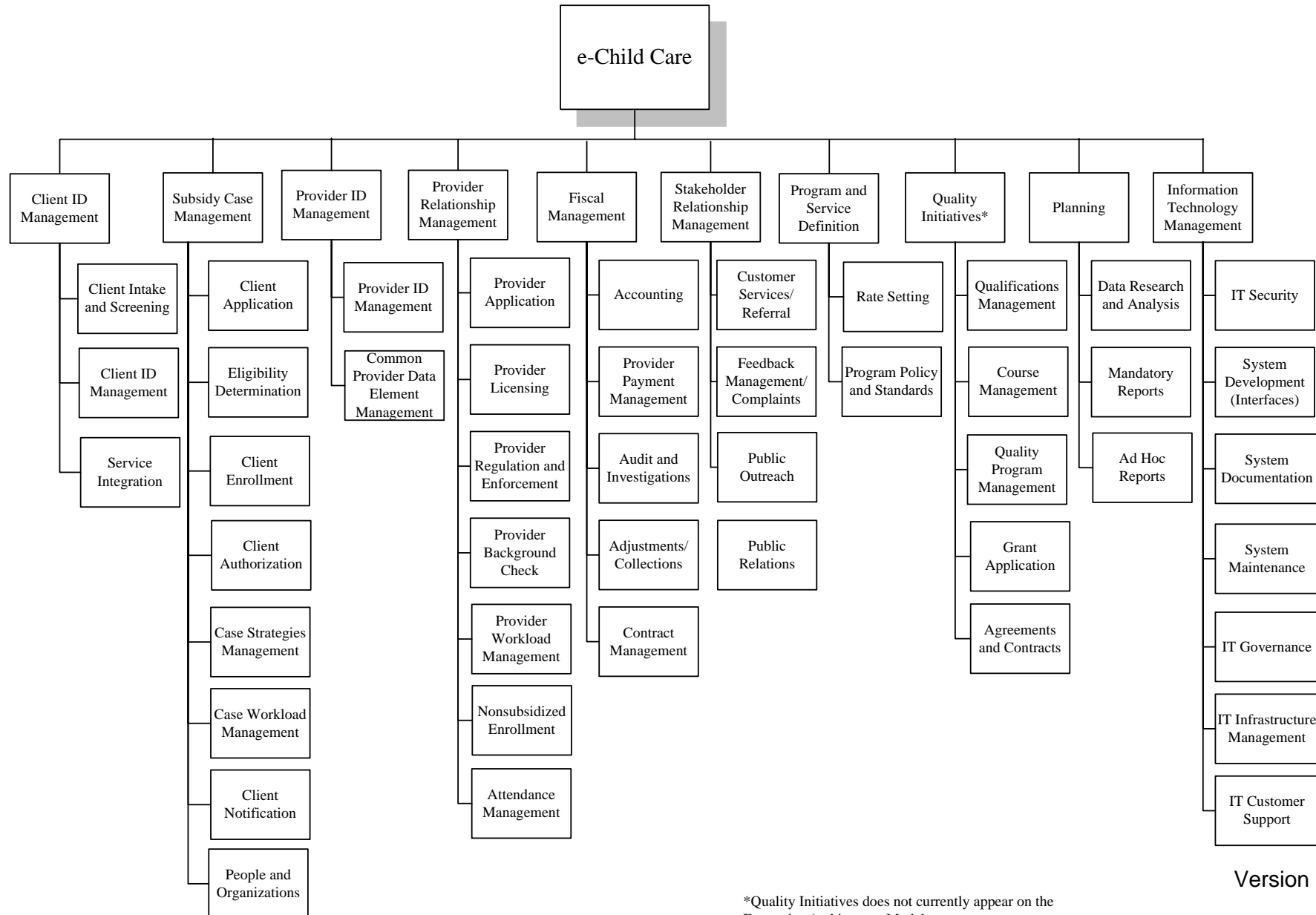
If the department has an information system:

- E. DID YOU DEPLOY A PACKAGED VENDOR SOLUTION OR BUILD INTERNALLY? WHAT IS THE TECHNOLOGY PLATFORM?
- F. WHO ARE THE USERS OF YOUR SYSTEM? IS IT USED IN ALL OFFICES? IF NOT, WHAT IS USED TO DETERMINE WHICH OFFICES USE THE TECHNOLOGY? ARE THERE PLANS TO DEPLOY THE SYSTEM TO OTHER OFFICES?

- G. WHAT FUNCTIONALITY DOES YOUR SYSTEM PERFORM (E.G., INTAKE/ENROLLMENT, REFERRAL, ELIGIBILITY/AUTHORIZATION, CASE MANAGEMENT, PROVIDER MANAGEMENT, LICENSING, PAYMENTS, ETC.)?
- H. HOW WELL DOES YOUR CHILD CARE INFORMATION SYSTEM HELP DIFFERENT OFFICES OR PROGRAMS IN COMPLETING THE FOLLOWING TASKS:
- a) Sharing information about a client between programs?
 - b) Sharing information about a client between offices?
 - c) Finding a client's record?
 - d) Organizing a client's record/finding the information in the client record?
 - e) Reducing the size of case folders?
- I. WHEN WAS YOUR SYSTEM IMPLEMENTED?
- J. HOW WAS THE SYSTEM ROLLED OUT?
- a) One piece at a time.
 - b) One office at a time.
 - c) Everyone/all functionality at once.
- K. WHAT WERE THE ADVANTAGES OF USING THE ROLLOUT APPROACH THAT YOU USED?
- L. WHAT WERE THE DIFFICULTIES ASSOCIATED WITH THE ROLLOUT METHOD?
- M. IS THE CHILD CARE SYSTEM INTEGRATED WITH OTHER INFORMATION SYSTEMS SUCH THAT YOU CAN PUT TOGETHER CASE MANAGEMENT INFORMATION WITH ELIGIBILITY OR PROVIDER INFORMATION?
- N. HAS THE CHILD CARE SYSTEM ENABLED THE DEPARTMENT TO CHANGE OR REENGINEER BUSINESS PROCESSES?
- O. WHAT ARE THE GREATEST BENEFITS ASSOCIATED WITH YOUR CHILD CARE SYSTEM?
- P. WHAT ARE THE SHORTCOMINGS YOU SEE IN YOUR CHILD CARE MANAGEMENT SYSTEM?
- Q. PLEASE PROVIDE ANY KNOWN HIGH LEVEL COSTS FOR YOUR SYSTEM.

APPENDIX V-C
UPDATED FUNCTIONAL MODEL

FUNCTIONAL MODEL



*Quality Initiatives does not currently appear on the Enterprise Architecture Model.

Version 1.30

APPENDIX V-D
LICENSING FUNCTIONALITY

WASHINGTON STATE DEPARTMENT
OF SOCIAL AND HEALTH SERVICES

Licensing Functionality

October 14, 2004



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III. CURRENT LICENSING SITUATION	7
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I. BACKGROUND

I. BACKGROUND

Before the Division of Child Care and Early Learning (DCCEL) was developed, the child care licensing functions were directed and managed under the Children's Administration (CA). Since DCCEL's development, it has managed the licensing function, but the computer system used to maintain and track these licenses is still the CA Management Information System (CAMIS).

At the beginning of the feasibility study, the project gathered the needs of each key stakeholder group for e-Child Care. The following are needs that were expressed by the licensing staff:

Licensing staff need improved methods for tracking complaints, sanctions, and regulatory violations.

There is a need to track a provider's regulatory status from the time of application, including tracking complaints, violations, suspensions, and revocations. The recording and tracking of this information would be greatly improved if it could be done electronically.

Licensing staff need standardized, accessible, and comprehensive provider profiles.

The current data in the "Action Log" needs to be in a usable format. Licensing staff expressed a desire to pull up all the types of licenses a facility has had in the past. There is a need to create a profile for each provider that includes the history and tracking of training, substantiated complaints, violations, suspensions, revocations, and authorized availability of space.

Licensing staff need improved methods for conducting and recording results of monitoring visits.

There is a need for automated information flow from the staff in the field to the home office. Although many of the forms licensers use are standardized throughout the state, there is still very little automation of this process, and it requires significant duplicate data entry.

At the same time needs were being defined, the e-Child Care project collaborated with the Enterprise Architecture Program (EAP) during the enterprise and technical architecture phase¹ of the feasibility study to review the current child care licensing functionality in CAMIS. This review was intended to determine how, where, and by what system the licensing functions should be performed in the future. The e-Child Care project identified licensing as an integral function of a future child care system, but the questions that remained were:

¹ Refer to the functional architecture diagram in the feasibility study to see how child care licensing function is associated with other functions of e-Child Care.

- Should the child care licensing remain in CAMIS (or in a new CA SACWIS system) and interface to the other e-Child Care functionality in a new system?
- Should all licensing currently within CAMIS (including child care and IV-E type licenses) be accomplished by a new e-Child Care system?
- Should child care licensing be accomplished by a new e-Child Care system and interface to the other licensing types within CAMIS?

The next section, Activities, describes what took place in order to answer the questions above.

II. ACTIVITIES

II. ACTIVITIES

This analysis involved researching where the child care licensing function should be located. The activities included reviewing the organizational structure, data, processes, technology, and federal and state reporting requirements to determine the viability of integrating licensing functionality identified for e-Child Care with that of the CA SACWIS system. This review entailed conducting interviews with licensers and CAMIS IT representatives to understand the CA licensing process, data, technology, regulatory requirements, and organizational structure as they relate to child care licensing. In addition, this analysis examined the existing business rules in CAMIS and the identified needs and requirements for child care licensing documented earlier in the e-Child Care feasibility study.

The goals of this assessment were to determine whether it is feasible to include all licensing types and functionality currently contained in CAMIS (including child care licensing types and functionality) and to determine if a single new system could meet the needs of DCCEL and the other stakeholders currently using CAMIS.

III. CURRENT LICENSING SITUATION

III. CURRENT LICENSING SITUATION

Below is a review of the commonalities and differences of current licensing functionality, process, and data, and overlaps between ESA-DCCCEL, CA, and Aging and Disability Administration (ADA) Residential Care Services (RCS) licensing.

	ESA-DCCCEL	Children's Administration	Aging and Disability Administration RCS
Are there federal mandates on how licensing should occur (Code of Federal Regulations [CFR])?	No.	Yes, some for policies such as background checks. Yes, specifics on reporting – 62 elements. (Title IV-E federal funding requirement mandates that data to be collected entwines a foster home license with the child's foster home placement.)	Yes, federal directives for nursing homes (NH).
Are there state mandates on how licensing should occur (Revised Code of Washington [RCW])?	No – only general approval to license entities.	No – only general approval to license entities.	Yes, specific requirements exist.
Who is involved in licensing?	DCCCEL field staff (licensors and public health advisors).	CA licensing field staff, contracts section, diversity specialist.	ADA field staff, headquarters staff, contracts.
What entities are licensed?	Family homes (FH). Centers. Certifications for tribes and military.	Group care facilities. Residential facilities. Emergency respite care. Crisis residences. Overnight shelters. Maternity services. Foster homes. 24-hour placements. Private agency foster homes. Secured crisis facilities.	Adult family homes (AFH). Boarding homes (BH). NH.
How do the entities apply?	Paper application.	Paper application.	Paper application.

	ESA-DCCEL	Children's Administration	Aging and Disability Administration RCS
Are licensing files maintained in one system?	Yes, CAMIS.	Yes, CAMIS.	No, three distinct systems are used.
What are the time frames for establishing a license?	90 days.	90 days.	AFH – up to 6–9 months. NH – 60 days, per CFR. BH – 30 days.
Is there a pending process?	Yes, with supervisory approval.	Yes, with supervisory approval.	Yes, with supervisory approval.
What verifications are required?	Health and safety, criminal background check, training, care program and supervision evaluation, business license.	Health and safety, criminal background check, training, home study, business license.	Health and safety, criminal background check, training, program, credit check, business license.
Monitoring-visit time frames.	FH – every 18 months. Centers – yearly.	10% per year of all for health and safety.	AFH – once per year. BH – once every 18 months with a 12-month average.
Duration of license.	FH and centers – 3 years. Certified – ongoing.		AFH – Non-expiring. BH – yearly. NH – yearly.
Fees for license.	FH – flat fee. Center – per slot.	No.	Yes. AFH – Onetime application fee plus annual (ASD collects). BH – per bed annual (ASD collects). NH – per bed annual (ASD collects).
Complaints received.	Screened through CPS Intake.	Screened through CPS Intake.	Separate toll-free number for complaints and Adult Protective Services.
Complaints process time frame.	Health and safety issue – 48-hour contact; home visit required. Licensing issue – 5- to 10-day response.	Health and safety issue – 48-hour contact; telephone call okay. Licensing issue – 10-day response.	Complaints are prioritized and have different response times.

	ESA-DCCEL	Children's Administration	Aging and Disability Administration RCS
<p>Dual licensing with multiple program payments in 2004.</p> <p>*Minimal is less than 1%.</p> <p>**Per SSPS provider database.</p>	<p>*Minimal dual with foster care.</p> <p>(Eighty-seven providers out of a total of 29,382, with no dual ESA and CA payments.)</p> <p>*Minimal dual with AFH (30 providers out of a total of 30,307 with no dual payments).</p>	<p>*Minimal dual with child care.</p> <p>(Payments made for CA foster care and CA respite child care.)</p> <p>*Minimal dual with AFH (20 providers, no dual CA and ADA payments).</p>	<p>See ESA and CA.</p> <p>**There are no providers coded for being licensed by all three (ESA, CA, and ADA).</p>

IV. CONCLUSIONS

IV. CONCLUSIONS

When reviewing the licensing functionalities within the Department of Social and Health Services (DSHS), it became clear that CA licensing is not common to DCCEL licensing organization, data requirements, processes, or reporting requirements.

These are the conclusions drawn from investigating all licensing types within CA and DCCEL.

Organization

DCCEL licensers are no longer organizationally a part of CA. There is also very little overlap between licensed providers.

- Out of 24,570 family-home child care providers and 5,737 AFH, there are only 30 providers who are coded as both. However, in 2004, none of these 30 providers has provided both kinds of services.
- Out of 24,570 family-home child care providers and 4,812 foster families, there are only 87 providers who have provided both services in 2004. Most of these are foster parents who also provide respite care for disabled foster children (respite care is handled by CA).
- Out of 5,737 AFH and 4,812 foster families, there are only 20 providers who are coded as both. Most of these 20 providers have only provided child foster care during 2004. The rest are foster parents whose disabled foster children have aged out of the Division of Developmental Disabilities' (DDD's) child programs but still remain in their foster homes.

Data Requirements

DCCEL licensers do not have the same federally or state-mandated fields as the CA licensers.

Processes

The terms that are used in the system or Service Episode Record (SER) codes are not consistent with the needs of the DCCEL licensers. For example, CAMIS uses complaints for the tracking of all incidents. Within child care licensing there is a difference between an incident and a complaint. Both need to be tracked individually within a child care licensing system.

Monitoring visits are not easily tracked and recorded in CAMIS which does not allow for a standard for these visits. There is a need for monitoring visits to be standardized and automated, rather than manual and paper-intensive.

Reporting Requirements

The federal requirements placed on DCCEL licensers are not the same as those placed on CA licensers. Due to federal funding of the other licensing types in CA, the non-child care licensing types cannot be separated from CA's system, due to Statewide Automated Child Welfare Information System (SACWIS) requirements.

V. RECOMMENDATION

V. RECOMMENDATION

Although there appears to be some high-level commonality in the licensing practices of the DCCEL and the CA in terms of general steps and time frames, there are important differences between these two licensing programs that affect the design of supporting information systems.

There is a major difference between the intent, documentation, and reporting requirements of CA's licensing program and DCCEL's licensing program. CA's foster care licensing is focused on providing parental type care to children who are the legal responsibility of the state. For the most part, this care is provided for more than 24 hours. The CA licensers perform an in-depth home study to determine suitability motivation of potential foster homes. Detailed documentation of the placement of the child in the licensed entity is required to substantiate the child's placement plan and also to satisfy federally mandated reporting requirements in order to receive Title IV-E funding. These requirements affect the design of the state's child welfare management information system.

Child care licensing is focused on providing supervision and child-appropriate activities for fewer than 24 hours. The child's legal guardians are responsible for choosing and placing their child in child care. There are no federally mandated licensing or reporting requirements for child care licensing, and funding is achieved through the Child Care Development Fund (CCDF) block grant.

In contrast to DCCEL and CA, the licensing performed by ADA is unique in the target population that it serves, the type of services provided, the types of entities that are licensed, who does the work, and the time frames involved in initial licensing.

Finally, there is no significant incidence of entities having dual active licenses and being paid by more than one program. At this time, none of the programs researched allows for dual licensing.

With the information above, the e-Child Care project team recommends that child care licensing functions be managed in a new e-Child Care system, and the other CA licensing types should be managed in a separate system. However, there will need to be an interface (or provider hub) between the CA system and a new e-Child Care system because some of the providers in CA will also be providers in a new e-Child Care system, and sharing information (e.g., ability to search for current providers at time of application for complaints, regulatory history, revocations) will be essential in creating a complete provider profile.

APPENDIX V-E
ITD CUSTOMER SATISFACTION SURVEY

ITD Customer Satisfaction Survey 2002–2004 Results Summary For Child Care

Background of Customer Satisfaction Survey

The ITD Customer Satisfaction Survey is sent to all divisions within Economic Services Administration (ESA). Included in the distribution was Home and Community Services (HCS).

The survey is issued in September of each year. The survey questions cover the applications that support the programs and work done by the administration.

To build on the baseline established with the 2002 survey, there were three (3) standard questions asked of each application area:

- 1) When I need help, I know how to get it;
- 2) The system is available when I need it; and
- 3) When I ask for help, I am treated professionally and respectfully in a timely manner.

Each program area submitted two additional application related questions to the annual survey.

The application Working Connections Automated Program (WCAP) supports the child care subsidy program administered and delivered by ESA. Child care program staff added the following two WCAP questions to the survey:

- 4) WCAP is efficiently designed to help me do my job effectively.
(This question received a three-year average score of 3.03)
- 5) Better integration of WCAP with e-JAS/ACES could make a big difference for my job.
(This question received a three-year average score of 4.16.)

Question 6 is freeform text that allows the responder to make comments on a specific application questions such as “If I could make one change to (in this case WCAP) what would it be?”

Of the 623 individuals that responded for WCAP, 240 left freeform comments.

Survey Response Scoring

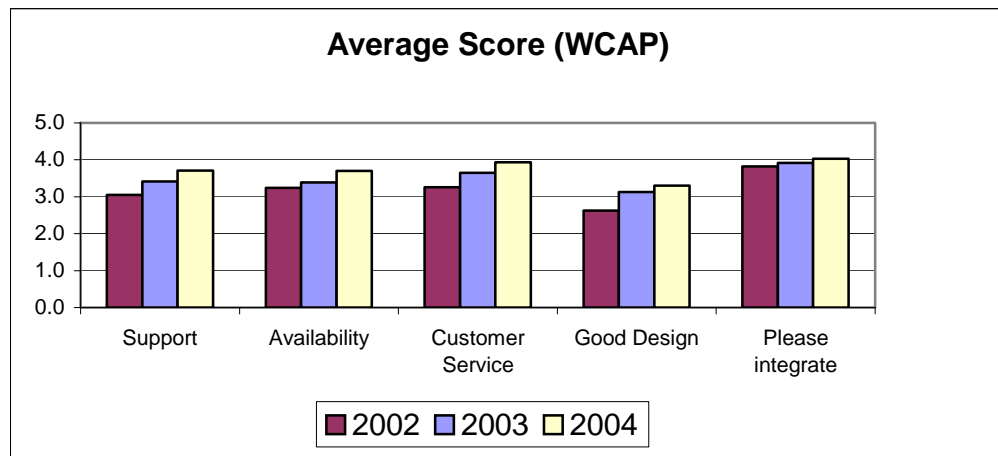
For each of these five (5) questions, the response was graded from 1 – 5 with 1 representing “Strongly Disagree”, 5 representing “Strongly Agree” and 3 being “Neutral”.

ITD Customer Satisfaction Survey 2002-2004 Results Summary for Child Care

Summary of Survey Responses

Survey Year	Total Valid Responses	WCAP Responses
2002	368	62
2003	767	245
2004	1360	316

The following chart displays the average scores for the five questions asked about the WCAP application in the ITD Customer Satisfaction Surveys 2002-2004.



Additional Survey Comments Relevant to Child Care and Follow up Responses

Many respondents echoed the desire for greater cross functionality of programs and a need for high system reliability. Many responses identified a frustration that information has to be entered more than once.

ITD is currently reviewing opportunities to integrate many of the systems we support and is evaluating those survey responses that contained specific suggestions for integration.

Some comments identified challenges with SSPS, as well as system usability (such as screen flow and mouse work in WCAP). We believe that the e-Child Care Project will address many of the SSPS and usability issues.

More information about the annual ITD Customer Satisfaction Survey is available upon request from Lou Mc Carl, ITD Special Projects, lmccarl@dshs.wa.gov.

APPENDIX V-F
ITD INTEGRATION OPPORTUNITIES PROJECT RESULTS

ESA ITD INTEGRATION OPPORTUNITY PROJECT: RESULTS FROM CALL CENTER INVENTORY – FEBRUARY 23, 2004

ACES	aces.online	Barcode	WCAP	TRAC-IT	DMS	SEMS	eJAS	Other	Multiple	Idea
					X			X	X	Send documents electronically between DCS DMS and CSD DMS if there's a business need.
			X					X	X	Have a cross match between CA childcare and ESA childcare to prevent duplicate childcare being authorized.
X	X	X	X	X			X		X	Be able to write narrative once and post what's pertinent to each system, ACES and WCAP, don't need WCAP in ACES narrative and vice versa.
X			X				X		X	Be able to update address in systems at the same time, like WCAP, eJAS and ACES.
	X						X		X	For fields that you select via a radio button make the radio button labels 'clickable' as well as the radio button itself, like in Barcode.
			X			X			X	Provide a cross match from SEMS in WCAP regarding childcare information.
X						X			X	Be able to look up child support cross match info through ACES LMEN.
	X					X			X	Be able to link directly to SEMS from aces.online to look up child support information.
	X		X		X				X	Have pending letters appear in DMS.
X	X				X				X	When ER received in DMS from client, update ACES so termination letter doesn't go out.
X	X				X				X	When paperwork received in DMS have letter go to client saying what paperwork was received.
X					X				X	Interface between ACES alerts and DMS so they can be worked from one place.
X					X				X	Display a flag in ACES when there is a pending DMS document.
					X				X	Be able to cut and paste information from a client's application in DMS into other systems.
			X	X					X	Increase the font size for the narrative in TRAC-IT/WCAP.
X				X					X	When entering ACES narrative through TRAC-IT and it writes on two screens, at the top of the second screen put "continued"
X			X						X	Provide link to ACES LMEN from WCAP – would like to use to verify income for childcare cases.
X			X						X	Bring childcare into ACES as a program like we did with SSP. ACES already has the architectural infrastructure to support most, if not all, of the childcare business processes. This would help the field the most since the data would no longer have to be entered multiple times. Also all changes would take effect immediately for all programs.
X			X						X	Need interface between ACES and childcare. Create an interface to pass data back and forth. Data would be updated in overnight processes where the data could be matched.
X			X						X	Provide way to pull data from ACES into WCAP real time and vice versa so workers only have to enter the data once.
X				X	X					When a review is completed in ACES send a trigger to barcode so it would "auto-complete" records in DMS and TRAC-IT. Helps avoid "cluttered" backlog in those system and would allow supervisor a clearer picture of outstanding work.

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ACES	aces.online	Barcode	WCAP	TRAC-IT	DMS	SEMS	eJAS	Other	Multiple	Idea
X			X						X	Need interface between ACES and childcare. A simpler interface to check for discrepancies and send alerts similar to how we do wage and UC benefits in ACES today. This would most likely happen on a monthly basis but could happen more frequently potentially .
X			X						X	Need interface between ACES and childcare. Simple reminder edits in each system, instructing the user to check to see if they need to record the information in the other system.
	X	X							X	Make added text on letters stand out so client keys in directly on what they are being asked to provide.
X	X								X	Move everything from ACES to aces.online ASAP
X	X								X	Add links to each system from each system, log in and carry over the client identifier. When adding a link from aces.online Screening to ACES make sure it goes to option 'O', not 'R'.
	X								X	Electronically send referrals to state staff instead of having to print or put in DMS and assign to who you want it to go to.
X			X			X	X		X	WCAP has an indicator to let you know if there is an ACES case. Add indicators to other systems, like for SEMS or in ACES can they see there's a childcare case open in WCAP.
		X	X	X					X	Barcode has client inquiry similar to ACES can this functionality be quickly available from TRAC-IT, DMS or WCAP so they can do the client lookup and not have to type in the client ID? Or from the client inquiry piece of Barcode provide links to WCAP and TRAC-IT, there's already a link to the ECR in DMS.
X			X				X		X	Enter earnings one time and have it populate more than one system if need be.
X	X	X	X	X	X		X		X	Have consistent data entry format in all systems for date of birth, phone numbers, social security numbers, etc.
X	X	X	X	X			X		X	Have spell check in ACES, aces.online, Barcode, etc. in narratives, notes and letters.
			X					X	X	Provide a quick link to e-mail when needing to alert food assistance case worker of childcare change.
X	X	X	X	X	X		X		X	Integrate all systems together so it's like having one system
X		X	X	X			X		X	Have all systems display narrative the same way - oldest info always at top or oldest info always at bottom.
X	X	X	X					X	X	Provide pertinent links to manuals from within the system, like from WCAP screen where job information is collected provide link to section of the child care manual that explains earned income.
X	X						X	X	X	Single sign-on and password synchronization between all systems and same amount of time for them to expire.
X	X	X	X	X	X		X		X	Put ITD Help Desk number in more places in ACES and other systems.

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ACES	aces.online	Barcode	WCAP	TRAC-IT	DMS	SEMS	eJAS	Other	Multiple	Idea
X	X	X	X				X		X	Have all systems ask for names in the same way, First, Middle, Last, or Last, First, Middle.
										Create in ACES online a web page that with a given client ID or SSN we pull the last say 2 months of narrative, letters, most recently processed AUs , paid thru date, med coverage active, medical coverage group code, review end date, etc. for the last 2 moths. Potentially do a call to E-Jas and WCAP to retrieve that data as well. Provide links to all of the systems on this page. The benefit is when a client calls in it would be a quick way to find out everything going on for the client. Also include a link from each of these items to the full-blown details version. I.e. go to the narrative page, client summary page etc. The transfer to Child Care and E-Jas would be more complex. Also may want other information about this client, which is currently only recorded in ACES as “freeform” text such as domestic violence situation, or client tends to violent behavior etc.
X	X		X		X		X		X	
X								X	X	AUDIT 99. Currently lead workers are dependent on manual processes to track and enter these cases. Modify the ACES probationary process so that action taken by workers on “probation” auto-populate to AUDIT 99.
X			X						X	When a client is added to an AU (add a person) this information should trickle to Barcode for WCAP cases. This way if another child or the co-parent moves into the household, there is some record of the action taken in WCAP so HH comp in both systems is the same.
X			X						X	Barcode currently receives an alert when a clients income decreases, can Barcode also get the alert when income increases? This affects co-pays.
X				X					X	When the TRAC-IT-It ‘Post Narrative’ button is pressed and documentation is copied to the ACES narrative, ACES does not do a good job in word-wrapping the text – some words get wrapped partway, rather than intelligently moved to the next line. What appears in the TRAC-IT-It narrative does not appear the same way in the ACES narrative.
X			X						X	Somehow coordinate WCAP letters with Financial letters, workers are sending two letters asking for the same thing for two programs (WCAP and FS for example have a letter automatically sent to client when FS stops or reduces)
X		X					X		X	Enter information about Protective Payee only one time in one system instead of in E-Jas, ACES and Barcode
X	X		X	X			X		X	Be able to select canned text blocks to insert into narratives and letters.
									X	Integrate a calculator into screens requiring calculations by the user (such as wage earnings).
X						X			X	SEMS – the IVD# on SEMS corresponds to the Claim # on the ACES UNER screen for unearned income types of ‘DC’. Can this number be passed to SEMS from ACES so that it does not need to be reentered?

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ACES	aces.online	Barcode	WCAP	TRAC-IT	DMS	SEMS	eJAS	Other	Multiple	Idea
X			X						X	When a client is already in ACES and needs to be setup for Child Care, some of the barcode information such as DOB, SSN, name carries over to the childcare setup. However, some of the information such as HOH relationship, living arrangement, race code should also be auto populated from ACES. The values may not be a one to one transfer, but we could auto-convert them to the child-care values.
				X			X		X	Call Record Overview – there is an EJAS button. When you select it there is another option for ‘IRP – read only’. Give another option for ‘IRP - Update’.
X	X						X		X	Increase the time out period.
X		X							X	Have a way for users to include attach local office versions of forms to ACES and/or Barcode letters without having to print the letter and mail it from the local office.
X	X		X	X	X		X		X	ACES/DMS/TRACIT - an "at a glance" indicator to see if there is a pending action in any other system so could complete all actions in one session, and wouldn't have to use excess time checking to see if outstanding actions exist. Maybe put something like this on "Mark's Page"?
X			X	X					X	When a pending record is created in TRAC-IT-it for specific document types (for example, income verification, Landlord form) - could this info be "auto populated" into the Freeform text of the Request for Information letter?
			X	X					X	Add indicator displaying if a child care case exists in the call record
		X	X	X	X				X	Indicate sub system name on all screen banners in Barcode
	X	X	X						X	Pre-populate denial letter from information request (pending) letter
				X	X				X	Report of documents previously worked
X			X						X	If address in WCAP is updated automate the update of the address in ACES.
X	X	X	X	X	X		X			Use consistent valid values across all systems.
	X	X			X				X	Integrate all letters into DMS.
	X	X	X				X		X	Barcode/aces.online it would be nice if the worker could type in the code they need in the field rather than having to use the drop down box and make their selection. This takes so much time when they know which code they want to input.
X			X	X	X	X				E-JAS has an other members drop down for search or select other SSNs in household from Trac-it. Could SEMS, ACES, and ICMS have the same option added?
X	X	X	X	X	X	X	X		X	One place to enter client look up info (SSN, client id,...) that would search all system and come back with which systems the client is known to, and links to get to those systems.
								X		Allow all of the staff who need to verify UC real time look up to ESD.
								X		Use eye-catching pictures, etc. to draw people's attention to important information.
								X		On reviews and applications where it tells the client to send in verification of income, highlight or make it stand out better.
								X		Provide a real time automated way for medical providers to find out if client is eligible for medical – could this be something added to the Answer Phone? Where is MAA with this?

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ACES	aces.online	Barcode	WCAP	TRAC-IT	DMS	SEMS	eJAS	Other	Multiple	Idea
								X		On iESA allow searches on partial words, for example if you're not sure you'll find what you need under 'terminate' or 'termination' allow the user to search on 'terminat' and get results for both words.
								X		In manuals, can't see old revisions like when we had the paper manuals.
								X		Be able to cross reference CBI for provider if new client wants to start using them and a CBI is already on file for another client.
								X		Have the TPL form electronically sent to Olympia instead of printing out of DMS and mailing.
								X		Add ability to request an eligibility review on the Answer Phone
								X		When using several mainframe applications (FORS, GUIDE, DOH) staff have to log out an log in to each one. Give them the ability to toggle between them and keep their sessions active.
								X		Build a tool bar that can be auto-installed thru a script onto Attachmate. We could also teach the field on how to add more buttons for unique applications it actually pretty simple. Just have to be careful about upgrades to Attachmate. Currently I have one that launches Word, Excel, a calculator, takes you to the default home page for internet explorer.
								X		Can we scan all forms into PDFs (or some format) and allow workers to print the forms from their desktops. Also if they were in that type of format potentially we could make use of central print?
								X		CBI form requires clients to write in "none" for certain options. While the instructions in the cover sheet do indicate this, clients aren't reading these. This results in user having to resend the form to the client. Can we redesign the form with instruction either at a field level, or group by at least sections? This could results in fewer mailing and better client service. In the instance I saw it was the "alias name" which many clients never had so probably don't think about it.
								X		Workers requested to fax from their computer – or even straight from ACES or aces.online. For example, a provider needs a copy of a MAID. Potentially do it from aces.online. Or if a local housing authority needs income verification, it could be done from benefit history. Also, be able to fax a copy of a letter – faxing a duplicate medical award letter to a hospital or medical provider from aces.online letters option.
								X		The WCAP application: The box for the providers name and address gets missed because it is not numbered. People skip this box and go straight to #1, just below the name and address box.

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ACES	aces.online	Barcode	WCAP	TRAC-IT	DMS	SEMS	eJAS	Other	Multiple	Idea
								X		Workers requested the policy clarification database should be incorporated into the portion of the manual it is clarifying. It is too hard to look up info in the manual, and then go search the clarification database to see if there are any clarifications. They need to be linked so the field user has all of the information in one place. Also, need to enhance the search feature of the clarification database. The topics are too general. There are also clarifications that clarify clarifications...workers indicated this makes it too difficult to use.
								X		Workers are concerned that there is no way to currently identify when the last time a CBI was reviewed.
								X		When completing clarifications for WCCC, link to the manual when ever possible
								X		Reorganize the WCCC manual to match work flow, not alphabetical
								X		In the verification section of the WCCC handbook include acceptable verification ideas (already working on this)
								X		For childcare providers, store CBI results for worker to reference (decision and last date done). This should not be case specific (can access any provider from any screen, not just the provider for that case)
								X		Release Document - workers want the information sooner when changes are occurring. Example: Sneede Kizer valid value changes. This has always been an area we continually hear, which is difficult since generally information is being programmed until the actual promote date?
								X		The pre-populated medical eligibility review forms do not instruct the clients to include income verification. The medical reviews now require income verification, which means nearly all medical reviews must be pended for income verification. The form needs to be updated.
								X		Employer Statement - this attachment is confusing and inaccurate. Many times workers are required to call client to confirm the information. This form needs to be revised.
								X		When requesting verification of work schedule the current start work form doesn't have a place for the client to put their work schedule, the schedule is needed for childcare, can the current form be modified or can a new form for childcare be created?
								X		A third computer screen as many of the workers have 3-4 barcode sessions opened at once.
								X		Region 6 had a great community resource list. I don't know if other regions have something similar - if not, they should. And it would be nice to have a place where you could access the list for any region - users could then provide info for client's who are moving, etc.
								X		Develop on-line resource to verify VA benefits
								X		Give local office coordinator security to edit provider file for address change - In SSPS or WCAP?

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ACES	aces.online	Barcode	WCAP	TRAC-IT	DMS	SEMS	eJAS	Other	Multiple	Idea
								X		Allow for electronic signatures.
								X		Instead of e mail to report a new application, or request use a method that can be tracked (DMS??)
								X		Provide a better user manual for WCAP.
								X		In What's New on WCAP explain how something worked before and then describe the new change.
						X				Make password reset hyperlink in SEMS easier to find. Maybe have a link on the logon page.
						X				Remove background graphic in text content area, interferes with visibility of text in the application.
						X				One recommendation from a phone worker was the possibility of color-coding by year, or spacing years apart in listings that involve dates to help users differentiate between years.
						X				Access to notes in SEMS would help to anticipate income
					X					Have DMS documents appear larger when first viewing and keep larger view when looking at additional pages of the document. Allow this to be a default users can set if possible.
					X					Allow users to highlight sections of documents in DMS.
					X					Minimize the number of people DMS documents are assigned to in order to eliminate duplicate work.
					X					Allow person working a DMS document to mark complete for other workers when the document is assigned to multiple people.
					X					When using Internet Explorer to view DMS documents, get rid of the pop up box that asks them if it's ok to open the document.
					X					In DMS better handling or instructions on how to separate documents when households split from one household to two households. There are potential confidentiality issues if this isn't done right.
					X					Be able to reassign several DMS documents at once, not one at a time.
					X					After completing a reassignment in DMS you return to the top of the list and can't tell where you left off.
					X					When documents are scanned into DMS make sure they're all linked to the head of household.
					X					Be able to choose single pages of DMS to print instead of the entire document
					X					More options to group or filter items or to search for a specific document type? Seems like folks spend a lot of time scrolling through ECRs to find specific documents.

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ACES	aces.online	Barcode	WCAP	TRAC-IT	DMS	SEMS	eJAS	Other	Multiple	Idea
					X					If something is assigned to multiple people, the person who completes the action must mark the assignment complete for each person separately. It would be nice to have the ability to select which of the people it should be dispositioned for and then only have to indicate one time that the assignment has been completed.
					X					Let users know if another person is viewing a document in DMS to keep two people from working on the same case.
					X					Be able to complete all documents in DMS at once, don't require a set of clicks for each item.
				X						Get rid of Pop-Up boxes in TRAC-IT when completing a call record for people who are familiar with the system, they don't need all of the reminders.
				X						Only give users pop-up window in TRAC-IT for associated ACES food assistance case if the food assistance case is active.
				X						Allow for inquiry only in TRAC-IT
				X						Give users an easier way of tracking simple calls, such as Q&A, than creating a whole TRAC-IT call record.
				X						Allow users to create their own documentation templates in TRAC-IT.
				X						Incorporate the good features of TRAC-IT into an existing system rather than keeping it as a stand alone system.
				X						Be able to access a related case from a TRAC-IT call record and not require another call record to be created.
				X						Along with the date closed that displays on the TRAC-IT client search results include the status date like on the CHIS screen in ACES.
				X						When creating a pending Call Record in TRAC-IT and picking the pending verification type, have an item in the drop down that says Childcare work questionnaire so that when you get the document back you know it's for a childcare case, not a case in ACES.
				X						Don't make entering a narrative mandatory.
				X						Pending Verification type in TRAC-IT has lots of 'canned' types that some staff feel are unnecessary. They end up typing their own narrative since none of the ones they find really fit the case at all times.
				X						When starting a new screen in TRAC-IT by accident, and user tries to exit. The screen when it opens places comments automatically in the comments section. If the user got there by accident and wanted to back out, the system prompts the user to remove the comments before exiting. Since this is a newly opened screen, if no changes occurred when the screen first opened, the user should not have to remove the system added comments manually before backing out.
				X						Be able to edit notes in track-it up to close of work day

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ACES	aces.online	Barcode	WCAP	TRAC-IT	DMS	SEMS	eJAS	Other	Multiple	Idea
				X						Add currently active assistance programs to the browse screen for TRAC-IT. Batch workers often handle only one or two programs, and they have to go into the client record in TRAC-IT to find out what program(s) that client belongs to.
				X						Call Record – would be nice to have an option to go directly to email rather than keeping outlook minimized.
				X						Like work assignment feature.
				X						Pop-up window asking if interpreter needed. Not sure of purpose, especially since the call is often times over at the point this is asked.
				X						Make it easier to find completed work.
				X						Let more than one supervisor in an office be able to use it.
				X						Like links to other systems.
				X						When ACES session locked up TRAC-IT lets you click the button to post the narrative to ACES, you don't get a warning message that the narrative can't post and the narrative disappears and you have to retype it.
				X						When reassigning a document in TRAC-IT, automate the completion from your assignment list.
				X						For call records that have pending documents, you only see the documents associated with the client on the call record, you can't see pending records for other household members. You have to go to the ECR through DMS to see all pending household documents.
				X						In TRAC-IT, have a way for users to differentiate content they want posted only to WCAP or only ACES Narrative or Both.
				X						Ability to "Update Narrative" rather than just "Build Narrative" because if additional actions are taken after the initial build, if you hit "Build Narrative" again it repeats info already in the narrative instead just updating with info on the additional actions taken.
				X						If a pending action is viewed multiple times, the "build narrative" feature repeats the same info - stop that.
				X						Allow easier selection of pending reason
				X						TRAC-IT prompts workers to post documents to different systems. Workers are confused because the edits are conditional and they don't understand the conditions. Re-write edits to explain to the worker better why they are getting the edit
				X						Link to zip code look up table in TRAC-IT
				X						In TRAC-IT the Pending Record scroll length is too long to navigate.
				X						Let users know if another person is viewing a document in DMS or has a TRAC-IT Call Record open to keep two people from working on the same case.
				X						Be able to complete all documents in TRAC-IT at once, don't require a set of clicks for each item.

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ACES	aces.online	Barcode	WCAP	TRAC-IT	DMS	SEMS	eJAS	Other	Multiple	Idea
				X						When hitting the 'Go to ACES' button, allow option of going to 'R' - Interim/Historical Change or to option 'O' - Interview or to option 'C' - Client Participation.
			X							Add more childcare attachments to central print. From Yakima - Special Needs Request Form and Self-Employment Form
			X							Have items typed into pending items box in WCAP posted automatically into narrative so worker doesn't have to type twice.
			X							Be able to send a blank childcare application or review from WCAP
			X							In WCAP when doing the SSPS entries be able to copy when dates are all the same, similar to how excel works.
			X							Make bigger boxes on the WCAP pending letters for users to type info in Some additional space was added on 3/3 - can't add any more at this time.
			X							Show who made the last change in WCAP and when, use more than user ID, display name like aces.online does.
			X							Default to SU on WCAP instead of ACES.
			X							When child care provider is also a client, have a flag on case.
			X							Make links on old SSPS authorizations in WCAP change color once you've looked at them so you can tell which ones you've already viewed.
			X							Allow more room to write on the activity screens in WCAP.
			X							On WCAP new application pending items box, make the box a lot bigger.
			X							On WCAP add a link to the SSPS manual.
			X							Add Rights and Responsibilities as an attachment in WCAP.
			X							In the WCAP request for information letter put in a field for the due date.
			X							Put a link to WAC changes in WCAP.
			X							When setting a red flag in WCAP allow more room to write information.
			X							In WCAP add a field for the provider's fax number.
			X							Allow multiple employment pages in WCAP if parent has more than one job.
			X							Create a separate page for school schedule if the parent is in school.
			X							More space for client and children's schedules
			X							Allow for 'REMARKS' in WCAP behind the pages.
			X							When a review is completed and SSPS is being input, have the system auto fill new dates and co-payment
			X							Ability to store SSPS authorization information that is not submitted to SSPS for more than a day for SSPS error #207 (more than 30 days out). If this is possible, then store all that are not sent to SSPS for days when SSPS is down. A tickle could come up to the worker the next day saying you have these authorizations to input.
			X							Search ACES for provider benefits. This has been added, at least for Food Assistance, maybe add it for all programs.

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ACES	aces.online	Barcode	WCAP	TRAC-IT	DMS	SEMS	eJAS	Other	Multiple	Idea
			X							Childcare payment standards are printed on cards. It seems it would be beneficial to have those as an online resource potentially within the childcare system.
			X							Child care letter go out with user of record versus the user actually taking the action causes some confusion in CSO when trying to figure out who did what.
			X							If multiple children are receiving WCCC benefits, the worker has to input the schedule manually for every child. There is no ability to copy the schedule for all of the children. This is time consuming for large households. The worker still needs the ability to edit the individual schedules if necessary.
			X							WCAP: Drop down menus don't have any description of the code. For example, Service Code, Reason, etc. It is just a list of letters and numbers with no description associated with the value. Workers must look up in the information on a chart they keep at their desk.
			X							WCAP: The option for denial letters. Some of the letters have WAC and some do not have the WAC. Workers requested to have WAC references listed on all letters for consistency. Otherwise, they have to manually look up WAC for certain letters and this is time consuming.
			X							WCAP: The letters don't have the option to attach an employment verification form to the centrally printed letters. It would be helpful to have child care attachments for WCAP cases.
			X							Refine adding a relative in HH screen to narrow search (maybe show only children and spouses and then give option for more people if the one you are looking for does not show immediately)
			X							Denial and Term letters needs WAC's by each reason
			X							Standardized employer letter in WCAP
			X							When ACES address button is clicked only pick up the ACES address if there is an open ACES case.
			X							If the is a client flag entered on the case, have it pop up automatically when you enter the case so it will be the first thing the worker sees
			X							WCAP pick up the last update date of the provider file. Only some fields come over
			X							For payment adjustment forms be able to view the authorization (like on the overpayment forms), maybe automatically fill in some lines when the auth line is identified
			X							Access HH screen from all screens in WCAP
			X							When sending CBI's through central print it only lets you send one at a time, sometimes the worker needs to send more than one and enter data on the form before sending
			X							Pick up when a client has a Protective Payee and either send a tickle or put a message on the address screen

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ACES	aces.online	Barcode	WCAP	TRAC-IT	DMS	SEMS	eJAS	Other	Multiple	Idea
			X							The WCAP screens are not intuitive enough for new workers. Would like to see a screen flow similar to ACES, now the worker has to know which screen to go to next in order to complete the work. This takes some time to become familiar with.
			X							WCAP approval statements for large household's are repeated in the notes for each child. So if a household size has 8 children, the same approval statements are for each child in the notes section, which takes up so much space. Workers now have to modify the notes to remove the duplication and list out all the children's names.
			X							When pending a case in DMS and providing the client with 10-day notice, the 10-day notice date is populated by the system. Workers request WCAP to have the same feature. Currently, they manually enter the date in WCAP.
			X							When the Olympia call center had to work on a case from another region they needed to re-enter the RU# and SSPS ID multiple times. This data should remain until the worker completes their updates.
			X							In WCAP have the ability to auto update the last CBI reviews so they don't have to search for this information.
			X							Workers run into problems with WCAP when a client has multiple providers and co-payments.
			X							Workers are keeping hard copies of WCAP letters as ticklers. Provide a link from the tickler to the pending letter or to all letters for that case
			X							Populate child care rates based on the age of the child
			X							Populate demographic data from Barcode
			X							Make default that Child Care Plan narrative on first child transfers to all others. Worker can change if different
			X							Add function of editing a newly created authorization
			X							When working in WCAP, if a worker inquires on a case using a CLID, the information, such as address, that is displayed is what is currently in ACES, but the client may not have been active in ACES for some period of time, so the information may not be current. Users have the option to switch from searching by CLID or SU (Subsidy Unit), and would like the default to always be as this will always be the most current WCAP information. My understanding is that right now there is no default, the view comes up by whatever view the last person in the case used.
			X							On the employment page in WCAP add a field for employer phone number extension.

ESA ITD INTEGRATION OPPORTUNITY PROJECT: RESULTS FROM CALL CENTER INVENTORY – FEBRUARY 23, 2004

ACES	aces.online	Barcode	WCAP	TRAC-IT	DMS	SEMS	eJAS	Other	Multiple	Idea
			X							Entering data into childcare seems very cumbersome. Only allows 4 (SSPS?) entries at a time. Many "cases" requires multiple pages, which results in reentry of some data and makes confusing to see what was previously entered which may results in duplicate entry which the system doesn't seem to check for. The solution seems to be, allow say 50 entries or more with a scroll bar. Then when the user presses submit, to process them in blocks of 4 if that is a limitation of a backend legacy system. This is for entry of activity fees, co-payments, registration fess etc.
			X							In childcare when setting a payment/enrollment period a lot of information is entered. When that period is up data like client ID has to be reentered. It seems only the new period should be entered and co-payment.
			X							Childcare seems like it could have more automation. When a child changes one of the several "critical ages" during a certification the system doesn't do an auto-calc to switch payments levels. Having this feature would result in users having to touch CC cases less frequently.
			X							Be able to change an address on a closed Childcare case. Right now if you need to send application to new address, case has to be opened, address changed, then case closed again.
		X								Allow users to edit pending Barcode central print letters (WCAP, ICMS, etc.) letters.
		X								Extend the time when Barcode Central print letters can be deleted.
		X								Barcode central print, add employer statement as attachment, include return envelope.
		X								Be able to cut and paste from notes in Barcode.
		X								In Barcode display Users Name along with the USER ID, like in aces.online.
		X								Change the standard Barcode screen size from 640 X 480 to 800 X 600.
		X								In Barcode on some of the filter entries you have to know the code you are looking for versus having a valid list. If someone typed in a wrong entry they would get back no hits and might be misled into thinking there weren't any when they just had a misspelling.
		X								Barcode search function. Workers requested to add filters to the search and sort function to limit the number of "hits" or "results" that are found with each search.
		X								In Barcode, create ECR for child care providers.
		X								Users utilize multiple sessions of Barcode often; recommended that data be transferable across sessions (such as client ID numbers or AUs).
		X								Barcode letters – would be good to have 'Stop Work Form – 14-438' as an available attachment.
		X								There was a Inquiry screen where the button defaults to "clear" instead of search so if the user hits "enter" without changing it, the search criteria is cleared. Not sure exactly where in the system this was though, but the user would like to have it default to "search" instead.

ESA ITD INTEGRATION OPPORTUNITY PROJECT: RESULTS FROM CALL CENTER INVENTORY – FEBRUARY 23, 2004

ACES	aces.online	Barcode	WCAP	TRAC-IT	DMS	SEMS	eJAS	Other	Multiple	Idea
		X								A field to indicate the date an AU was closed when viewing AU data on closed AUs.
X										When there's an active case and you're adding a person or AU you have to enter information for each benefit month and copy back won't work. Give them a quicker way to update the back months especially if all of the information is the same.
X										Make EBT front end more user friendly. Staff had to go to office 'expert'.
X										For reviews have to fill in a lot of yellow fields which requires you to tab. Make the yellow fields like mandatory fields and make the cursor goes to the spot instead of them having to navigate to it. They can still F4 past the screen if need be.
X										When looking up benefit history from STAT (F19) for a medical AU pre-fill selection field with 'E' and Benefit Date with the current month and year. This would also work with a Food Assistance AU, pre-fill Selection with 'D'. Won't necessarily work for cash because you might be looking for the cash or medical benefit information.
X										From AMEN when going to option 'A – Name Inquiry' ignore if there is an AU ID or Client ID entered, don't make worker have to delete it.
X										When going from EARN to LMEN using the F20 key, pre-fill the selection field with 'C' and the IEVS Match Type field with 'DW'.
X										When going from UNER to LMEN using the F20 key, carry over the appropriate data based on the first type of unearned income on the UNER screen. So bring over the right client information (SSN, Client ID, Client last Name), pre-fill the selection field with the proper letter and pre-fill any necessary field with the proper valid value. For instance: If the first type of unearned income on the UNER screen is SSI, pre-fill the selection field with 'D' (the client ID is already brought over) If the first type of unearned income is unemployment, pre-fill the selection field with 'C', bring over the client's SSN and pre-fill the IEVS Match Type field with 'DU.'
X										Add a cross match to look up L&I income.
X										Be able to put non-Head of Household client's name on an attachment.
X										Add link to DOL vehicle licensing inquiry site on RES2 in ACES. Look at Mark's Attachmate macro.
X										Put client ID on attachments
X										Automate the re-accrete process.
X										ACES central print, include return envelope.
X										Display months on BPAM screen.
X										Create flag in ACES like in WCAP where you can alert others to special circumstances of case without losing it in old narrative.
X										On ACES screens have flag to show alerts exist for the case, maybe like how the word 'Remarks' appears on screens when there are remarks entered for the screen.
X										Add reminder to reinstate all prior months when reinstating cases for no ER.

ESA ITD INTEGRATION OPPORTUNITY PROJECT: RESULTS FROM CALL CENTER INVENTORY – FEBRUARY 23, 2004

ACES	aces.online	Barcode	WCAP	TRAC-IT	DMS	SEMS	eJAS	Other	Multiple	Idea
X										When sending out terminations for no ER received, include an ER in with the letter.
X										From within an ACES case provide a link to the CHIS screen.
X										Would like to see the balance over overpayments in ACES.
X										When AUTO takes an action would like the narrative updated.
X										On the ACES CHIS screen add the medical coverage group code and the review end date.
X										Put review end date on other screens besides CAFI, MAFI, FSFI
X										Put Apartment # in a different place on ADDR.
X										When AREPS are the same for different AUs be able to only enter data once, pull from one to the others or indicate which AUs AREP should be for.
X										Staff aren't doing anything with EPSDT, if this field isn't tied to anything like interfaces or eligibility, can it be removed or have the default set to 'Y'.
X										When initiating a review, highlight which AU has the review due or add the review end date to the REVI screen.
X										On the CHIS screen don't display AUs that have been inactive for several years, especially when a client has a lot of AUs they're associated with.
X										On Remarks screens be able to tell which screen the remarks belong to.
X										Don't require resource updates when processing an F06 medical review.
X										When returning to AMEN Possibly always populate the AU ID and Client ID that was just processed. First AU or client out of central data that was not originally entered.
X										Enhancement to client search. As of now there are around 2.8 million clients known to the system. Of those about 90,000 are currently listed as deceased. When doing name search gives the option for user to include deceased only by request, defaulting to exclude them otherwise. We would "keep" deceased clients in the "active" list for X months (maybe 2 or 3) after the date of death. I would imagine we would only exclude them on name/DOB searches. For SSN or client ID searches continue with the status quo.
X										The MAID was often reprinted, address marked over and sent to providers. We could provide a new display option without the address and/or it changed to indicate that the original document has been modified. If doing this through ACES online we might be able to fax from the desktop. This would probably require CSO to set up a FAX server. I think most software and license information however is already present.
X										When going to ES wage screen user would simply divide the recent QTR by 3 and enter that results on EARN. On the ES wage screen we could display the divide by 3 result, to save the user time of doing it.
X										Potentially add narrative into the flow. Users need to document and seem to always be doing so. So opposed to maybe DONE's edit message saying PF-22 to update narrative, to navigate to NARR first, if there has been a confirmed eligibility change?

ESA ITD INTEGRATION OPPORTUNITY PROJECT: RESULTS FROM CALL CENTER INVENTORY – FEBRUARY 23, 2004

ACES	aces.online	Barcode	WCAP	TRAC-IT	DMS	SEMS	eJAS	Other	Multiple	Idea
X										When processing Spenddown we go thru each month confirming the results. Modify ACES to process all months and so that a user could confirm all at once.
X										Make it easier to send/resend ER and MEQR.
X										Since we don't do finalist for out of state codes, when a user changes the address to be out of state, why do we send them thru finalist forcing them to PF key out of the process?
X										Fraud detection item. Do a cross-match of AUs located at the same address, but the AUs are unrelated. They both may be getting full shelter when it should be shared.
X										When closing the HOH ELIG generates edit message 1241. This edit indicates to change HOH or confirm. We are generating this edit on a one person HH so it doesn't seem needed in that situation. If we close the AU for a 500 level reason code we don't generate the edit.
X										Word wrap in ACES narrative.
X										Be able to place cursor on Worker ID and hit F1 to find out who worker is
X										Call center staff have to go into eJAS to determine who the assigned case manager is for each client. It would be helpful if this information were contained in ACES. This would eliminate the need to go into eJAS for this one piece of information.
X										ACES ADDR screen – during reviews and apps need to always type over ADDR information otherwise user gets stuck in the final edits. Need to clean-up the ADDR edits.
X										ACES NSA field – always need to be overtyped in ACES. Clean-up the NSA edits.
X										When an F04 trickles to an F06 the letter just informs the client that the adult is not eligible due to age. The clients want to know 'why' they are not eligible. The AU usually trickles due to an increase in income. It would be helpful if we indicated this on the letter. Note: when Elig trickles it usually does not maintain a reason code on the AU, so there currently is no way to know why the trickle has occurred. We may need to revisit this for other trickle situations as well.
X										When they press F1 in ACES, they then scroll down the valid value list which, for long ones took some time. After pressing F1 they can then press F4, which enlarges the pop help box to display more information at one time. We may want to look into when they press F1 to always making the pop box enlarged to a maximum size.
X										Can we make it easier to get to OFM data on F02 premiums?
X										Access to NMEN from within a case so users could just use a <F?> key to confirm or review BEGS rather than copying the AU, going out of the case, going to NMEN, pasting the AU, etc.
X										Add ability to access LMEN from BPAM using <F20> - same functionality as on EARN and UNER. Workers may then access the interface info they use to verify income.
X										Get rid of edit to review NSA status for non-HOH's.

ESA ITD INTEGRATION OPPORTUNITY PROJECT: RESULTS FROM CALL CENTER INVENTORY – FEBRUARY 23, 2004

ACES	aces.online	Barcode	WCAP	TRAC-IT	DMS	SEMS	eJAS	Other	Multiple	Idea
X										Design screens / process to verify unearned income easier. Staff open two ACES sessions to work between SOLQ SSRE and UNER. Staff indicate they want to be able to view the unearned income while working on UNER
X										For medical providers, provide an automated way for them to check on a client's medical eligibility.
X										From the EARN screen in ACES provide a link to the EARN screen section of the ACES User Manual and to the earned income section of the EZ Manual.
	X									Create a First Steps referral that auto fills the open effective date, pregnancy due date and pertinent information from the ADDR and DEM1 screens.
	X									Hard to find Transfer letter. Change how letters are organized so they are easier to find.
	X									Have case transfer letter 0023-03 automate population of new CSO address or make it more accessible to find information without having to go to ACES.
	X									Allow users to just send attachments from aces.online without sending a letter.
	X									Add the status date to aces.online and the user name or ID
	X									Allow more than one aces.online letter to be opened at one time.
	X									Add WAC in the Box to aces.online letters so they don't have to jump out to the manual, make it easier from within the letter to identify the mandatory freeform text.
	X									Display the denial reason codes on the letters list page next to the letters requiring freeform text.
	X									In the Tribes drop down list put the tribes in alphabetical order rather than in numerical order.
	X									If the 'Stay Connected' feature of aces.online can be fixed, keep it, if not get rid of it. If it does disconnect you have it take you to the login page, not the search page, makes it seem as though you're still logged in, but when you go to do the next search it takes you to the login page.
	X									Add more attachments to aces.online – Self-employment report, TPL form, application for benefits
	X									Be able to attach more than one copy of an attachment to a letter.
	X									On aces.online allow users to set default on Search page to 'Letters' instead of Client ID.
	X									Make it simpler to add a newborn to a case. Potentially make it an option in informed choice area so that a user doesn't have to go and select it individually.
	X									Create a cover letter to send out when you just want to send attachments.
	X									Make one attachment an enclosed return envelope.
	X									When ACES is fully migrated to aces.online workers requested that the system have a natural flow, like ACES currently does. Or at least a 'Next' button to help workers move through the system and not forget necessary screens.

ESA ITD INTEGRATION OPPORTUNITY PROJECT: RESULTS FROM CALL CENTER INVENTORY – FEBRUARY 23, 2004

ACES	aces.online	Barcode	WCAP	TRAC-IT	DMS	SEMS	eJAS	Other	Multiple	Idea
	X									Will workers be able to navigate aces.online with their keyboard or will the use of a mouse be mandatory? Currently, workers feel they are able to move very quickly with their keyboard and worry that using a mouse will slow them down.
	X									What is the mandatory field on the Spenddown letter for (0020-01)? Can the expenses screen when filled out in ACES automatically fill on this part of the letter? (When entering medical bills)
	X									There is no ability to search/add by SS# in screening
	X									Add a designator for letter translation. When users who aren't certified to translate Spanish letters enter a letter into the system, they have to send e-mail to the office person who is required to translate their narrative in the letter. Users expressed to skip the e-mailing step by having the system automatically e-mail a designated user when a letter needs to be translated.
	X									Letters need to indicate which AU, at least by coverage type, is being closed/reviewed/etc. The client may have multiple AUs and are confused about which AU is impacted, therefore, they must call in.
	X									Reinstatement letter 21 - shows ongoing month rather than the month that has been reinstated.
	X									Worker sometimes forget to go to aces.online to enter mandatory letter text. Can we remind them either on ACES screen or some other means?
	X									Go back to letters thru ACES or back to the drawing board with letters thru aces.online
	X									Redo the SPDN letters so that they make sense to the clients. Add a SPDN example to the letter itself. (I have attached a copy of what the worker gave me)
	X									Enhance the "New Search" options - right now all they can do is go to the AU or Client Summary page or the client search result page. Would be nice if they had the same options as they do from Quick Navigation on the Welcome page.
	X									Have alternate signature name option for letters - workers deleting the default in batch and CSC. Also, some offices using alternate names on caseload parameters that populate letters and cause issues

APPENDIX VI-A
SCOPING DOCUMENT

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE

SCOPING DOCUMENT

The project team for the e-Child Care feasibility study has been working with the DSHS Enterprise Architecture Program (EAP) to complete three tasks:

- Understand the common functionalities which already exist within the enterprise systems of DSHS. This process is accomplished using the enterprise architecture Commonality Principle. Identify to and from information exchanges.
- Identify the system(s) that currently conducts a particular child care-specific function. This is known as the external data source(s). Once the systems are identified, each system needs to be examined to determine whether it is in scope or out of scope.
- Identify the functions that will need to be built into the e-Child Care system and which functions can be leveraged, interfaced, or enhanced through the DSHS enterprise inventory of systems. These functions are known as the automation targets.

Each task was conducted and an associated diagram was created to depict each. The following sections describe the process and summary for each diagram.

I. **COMMONALITY PRINCIPLE**

Enterprise architecture provides a framework for decision making for business processes, data, and information systems and technology. In support of the decision-making process, a number of principles have been developed. The overarching Commonality Principle states that processes, data, and technology “should be common when there is a clear business case.” This will allow redundancy where business cases for common solutions are not clearly stated or agreed upon by stakeholder decision makers. Where business cases for commonality can be defined and agreed upon, common approaches to support multiple administrations can be proposed. Common solutions require stakeholder flexibility when considering business process, data, and technology requirements, with close examination of funding and governance options.

The DSHS EAP created an enterprise-wide functional model that lays out the functions that are completed within DSHS. The feasibility study project team worked with the EAP to place the e-Child Care system into this model. The model lays out functions that exist and the tiers within the organization that should be responsible for that function. The tiers are as follows:

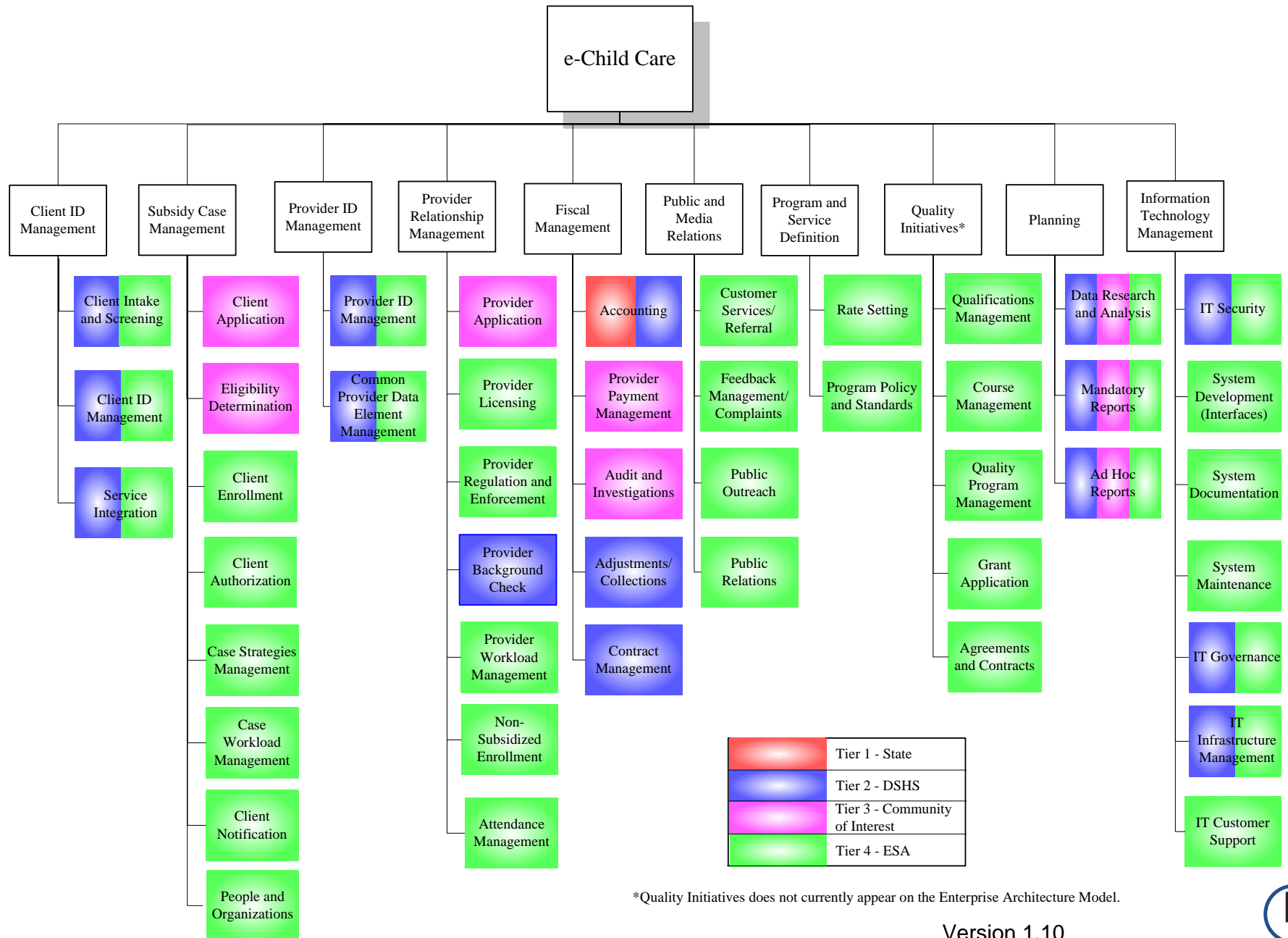
- *Statewide (Tier 1)* – This tier, color-coded in red on the models, indicates that the function would be common for every state agency. For example, the accounting function has sub-functions that every state agency uses, which indicates that the accounting function is common at the state level.
- *Agency-Wide (Tier 2)* – This tier, color-coded blue, indicates that the function is common for every administration within DSHS. For example, all DSHS administrations are required to document their information system portfolio information using agency-standardized formats and data requirements.
- *Community of Interest (Tier 3)* – This level, color-coded pink, indicates that the function is common to two or more stakeholder organizations but not all administrations within DSHS. For example, Medicaid payments are common to all administrations authorizing Medicaid services to DSHS clients but not all administrations provide Medicaid services to their clients and thus do not have an interest in payment processes and requirements.
- *Administration-Specific (Tier 4)* – Due to the organizational structures that exist within DSHS, this level, color-coded green, can be divided into three layers and indicates that the function is unique to an administration or business unit as defined by that administration. The layers are:
 - » Administration-wide.
 - » Division-wide.
 - » Local.

For example, administration or business units may have unique requirements for employee orientation and thus would develop orientation processes and procedures to meet their specific needs that may or may not be used in coordination with a higher-level (state- or DSHS-common) orientation process.

The feasibility study focused on each function individually and evaluated what level the function would be in relationship to the e-Child Care system. EXHIBIT VI-A-1, Functional Model With Commonality Principle, provides the results of the feasibility study's tiering effort. During this evaluation, the study demonstrated that some functions have sub-functions that are divided between levels. Those functions can be identified by their being multicolored.

The EAP agreed with the evaluation and results, thereby providing its final approval of this version of the model. These results led into the next task, which was to identify where the data source(s) for the function originated.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
E-CHILD CARE PROJECT SYSTEM ARCHITECTURE
FUNCTIONAL MODEL WITH COMMONALITY PRINCIPLE



*Quality Initiatives does not currently appear on the Enterprise Architecture Model.

Version 1.10

II. EXTERNAL DATA SOURCES

Once each function was evaluated and tiered, the next step was to identify what systems currently provide that function. By identifying the systems or data sources, this allowed for determining what system(s), division(s), and administration(s) could be affected or impacted by a new system. EXHIBIT VI-A-2, Functional Model With Current System Overlay, displays the external data sources that presently conduct the functions. In addition, the study identified where duplication in function(s) exists within DSHS, and in the next task the study used this information to help determine whether the e-Child Care system could perform the function for the whole agency.

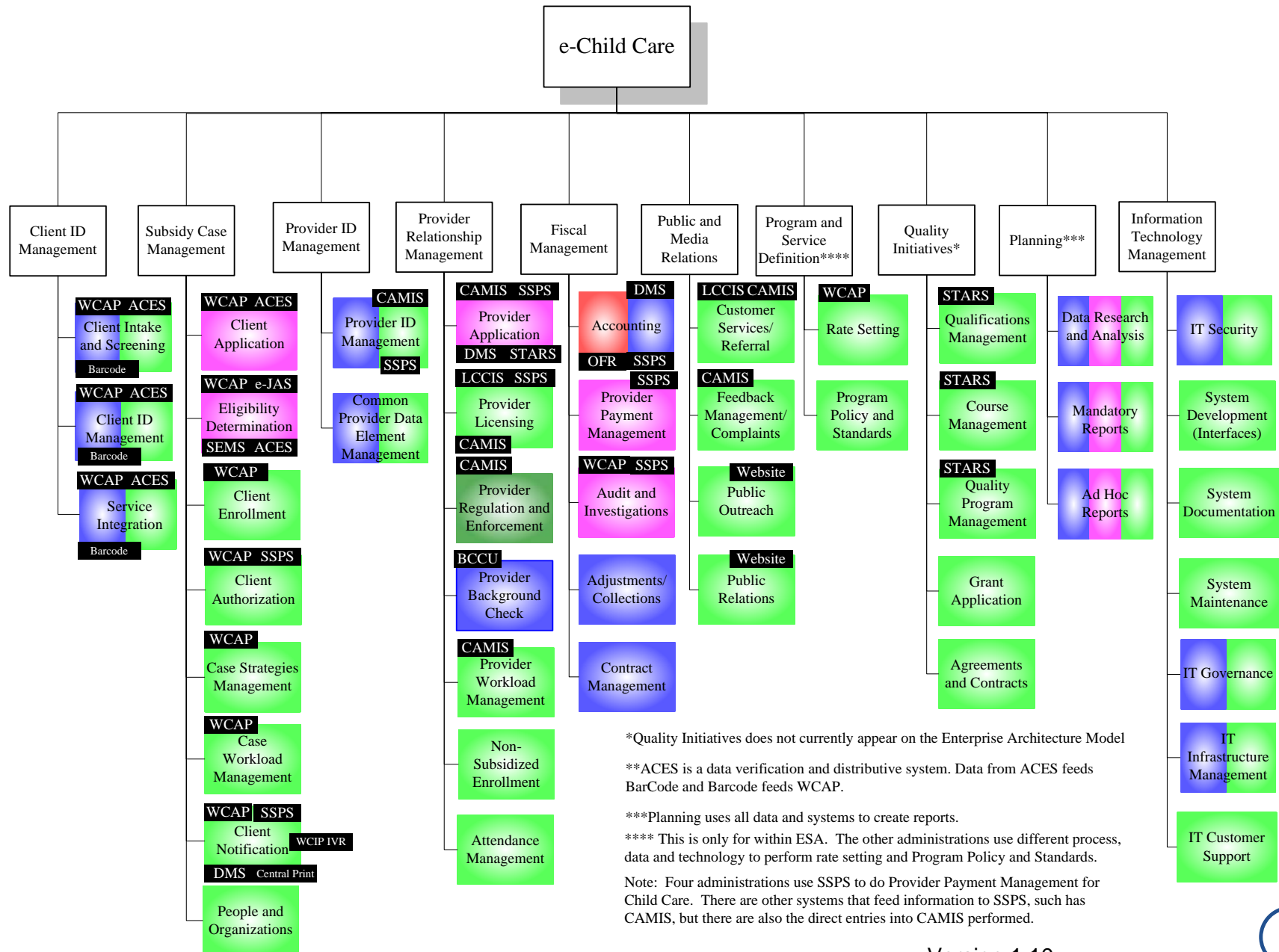
III. AUTOMATION TARGETS

Finally, the automation targets model identified which functions the current system(s) will no longer perform but that a new system will, which functions the current system(s) will continue to perform, and for which functions the current system(s) will need to be enhanced. The automation targets, defined in EXHIBIT VI-A-3, Functional Model With Automation Targets, with different pattern designs, are superimposed on the Commonality Principle, to illustrate the tier at which they apply. For consistency, the same color coding is used for the automaton targets as was used in the Commonality Principle tiering in EXHIBIT VI-A-1.

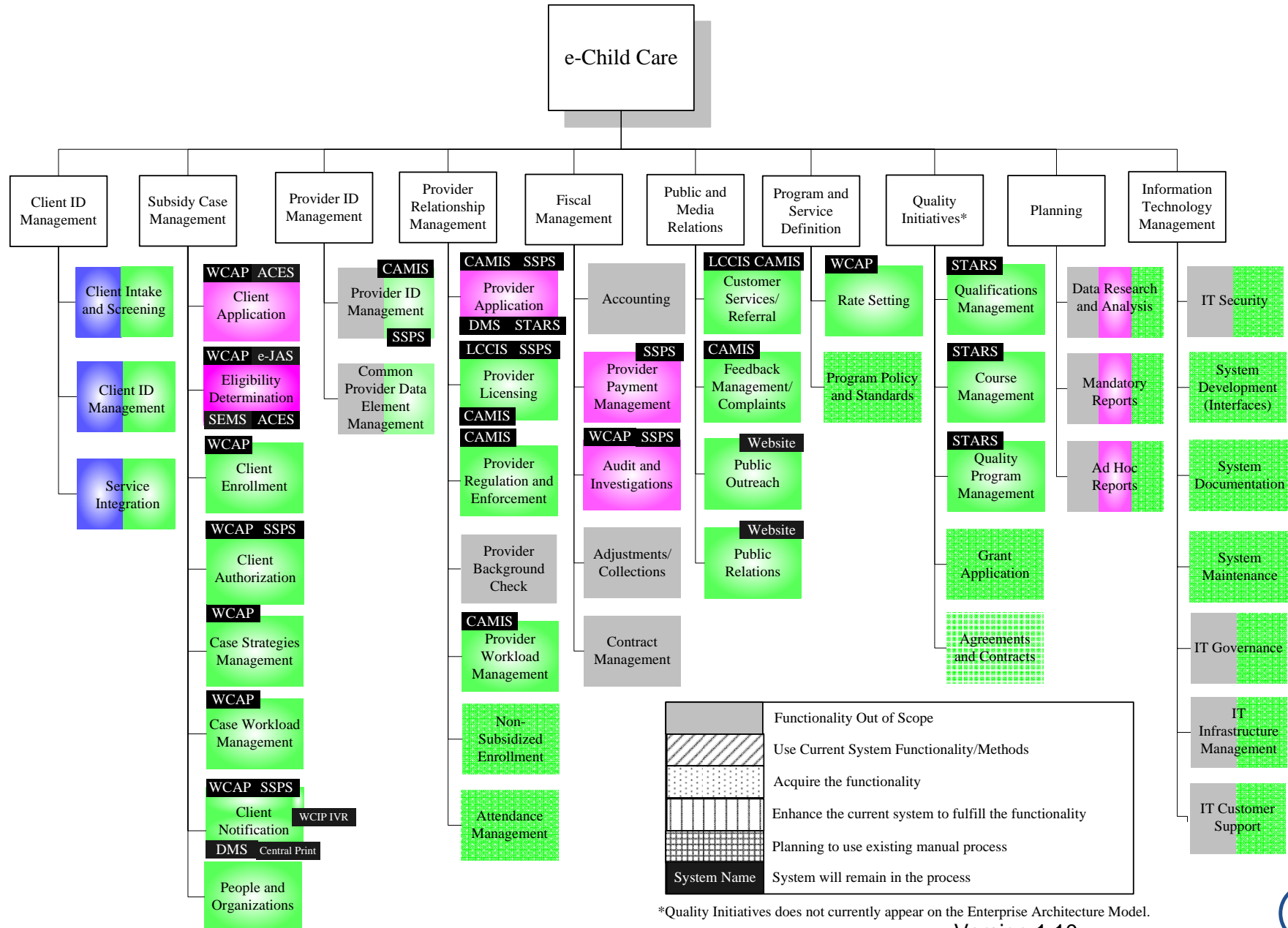
The following questions were used to assist in determining the automation targets:

- Where does the current system and function fit into the new functional decomposition?
- What is the current process?
- What are the current limitations to that process?
- Does it appear the vendor community could provide the function?
- What need does this function fulfill?
- Should the project leverage current systems for functions, enhance current systems, or buy new functionality?

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
E-CHILD CARE PROJECT SYSTEM ARCHITECTURE
FUNCTIONAL MODEL WITH CURRENT SYSTEM OVERLAY



WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
E-CHILD CARE PROJECT SYSTEM ARCHITECTURE
FUNCTIONAL MODEL WITH AUTOMATION TARGETS



APPENDIX VI-B
DSHS INFORMATION EXCHANGES

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
E-CHILD CARE PROJECT SYSTEM ARCHITECTURE

DSHS INFORMATION EXCHANGES

Exchange Name	Description of the Exchange	Sending Agency	Receiving Agency	Functionality	Method of Exchange	Sending Prevailing State	Initiating Event	Subsequent Event	Document(s)	Contact Person (People)	Comments
Example: Client Application for Subsidy Child Care	The family fills out the client application to determine eligibility for subsidy child care.	Family	Professional	Client Application	Manual, through the mail.	Eligibility Determination	Need for subsidy care.	Eligibility for subsidized child care.	Client Application		
Client Pre-Screen	The family submits minimal data as part of a pre-screening process to qualify for subsidy child care. Client needs to be preliminarily assessed.	Family	Professional	Client Intake and Screening	Manual	Client Application/Client ID Management	Need for subsidy care.	Application submitted.	Form		
Client Application for Subsidy Child Care	The family fills out the client application to determine eligibility for subsidy child care.	Family	Professional	Client Application	Manual , through the mail.	Eligibility Determination	Need for subsidy care.	Eligibility determined.	Client Application		
Determination of Eligibility	Client application submitted. Using client data, rate tables, and business rules, child care eligibility determined. Based on parents' and child's schedules, the system determines hours/week of child care needed, as well as the co-pay amount.	Professional	Family	Client Eligibility	Employment Data Flow: ACES > e-JAS > BarCode > WCAP / Child Support Data Flow: SEMS > BarCode > WCAP / Public Assistance Eligibility Data Flow: ACES > BarCode > WCAP / Based on all data taken together in WCAP, eligibility determined.	Client Enrollment	Qualified as eligible.	Client enrolled.	Letter		

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
E-CHILD CARE PROJECT SYSTEM ARCHITECTURE

DSHS INFORMATION EXCHANGES

Exchange Name	Description of the Exchange	Sending Agency	Receiving Agency	Functionality	Method of Exchange	Sending Prevailing State	Initiating Event	Subsequent Event	Document(s)	Contact Person (People)	Comments
Eligibility Denied	Client application submitted and found ineligible.	Professional	Family	Client Eligibility	Employment Data Flow: ACES > e-JAS > BarCode > WCAP / Child Support Data Flow: SEMS > BarCode > WCAP / Public Assistance Eligibility Data Flow: ACES > BarCode > WCAP / Based on all data taken together in WCAP, eligibility determined. / Client Notified: WCAP > DMS > Central Print	Client Notification	Eligibility denied.	Client notified.	Letter		
Eligible, But Insufficient Funds	Client deemed eligible, but insufficient funds are available.	Professional	Family	Client Eligibility	Employment Data Flow: ACES > e-JAS > BarCode > WCAP / Child Support Data Flow: SEMS > BarCode > WCAP / Public Assistance Eligibility Data Flow: ACES > BarCode > WCAP / Based on all data taken together in WCAP, eligibility determined. / Client Notified: WCAP > DMS > Central Print	Client Notification	Child wait-listed.	Client notified.	Letter		
Client Enrollment	Client enrolled with a provider selected by the parent.	Professional, Family	Provider	Client Enrollment	Done through WCAP.	Client Authorization	Client enrolls in subsidized program.	Client authorized for subsidized care.			
Client Authorization	Produces the authorization that advises parent and provider of the current authorized care level, authorized period, and co-payment amount, while also providing contact and demographic data about the parent, child, provider, and caseworker.	Professional	Family, Provider, Caseworker, and Accounting	Client Authorization	Provider File: CAMIS > SSPS > WCAP / Licensing Data: CAMIS > BarCode > WCAP / Authorizing Data: SSPS > BarCode > WCAP / Authorization: WCAP > SSPS / Payments: SSPS > WCAP / Provider Info: SSPS > WCAP / Based on all data taken together in WCAP, authorization processed. / Provider and Client Notified: WCAP > DMS > Central Print	Client Notification	Client authorized.	Client notified.	Letter		Not sure how WCIP/IVR systems fit in with client notification.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
E-CHILD CARE PROJECT SYSTEM ARCHITECTURE

DSHS INFORMATION EXCHANGES

Exchange Name	Description of the Exchange	Sending Agency	Receiving Agency	Functionality	Method of Exchange	Sending Prevailing State	Initiating Event	Subsequent Event	Document(s)	Contact Person (People)	Comments
Manage/Update Client Profile	The authorized worker can add/edit client data as case evolves.	Family/ Professional	Professional	Client ID Management	WCAP <=> BarCode <=> ACES	Case Workload Management	Additions/changes made.	Authorized worker updates case file.			
Identify People/ Organizations	Assign unique identifiers to people and organizations in the database.	Professional	Database	People and Organizations	Does not exist.	Service Integration	Primary key assigned.	Person/ organization traced throughout system.	N/A		
Customer Service and Referrals	The authorized worker refers clients to appropriate child care providers. Searches for providers are based on the family's needs, using preformatted or user-selected criteria.	Professional	Family/Provider	Customer Service/ Referrals	Client ID Management communicates child data to Customer Services/Referrals. / Provider Licensing Data: CAMIS > LCCIS	Service Integration	Need for subsidy care.	Referral becomes part of case file and service integration functionality.			
Integrate Services	All of the plans connected with the subsidy child get recorded in one place to facilitate a holistic view of the child. It assists in the creation of a plan, outlining goals and outcomes specific to child care.	Professional/ Family/ Provider	Professional/Family/ Provider	Service Integration	WCAP <=> BarCode <=> ACES	Case Workload Management/ Provider Workload Management	Need to outline goals and outcomes specific to child care.	High-level data provided to facilitate a holistic view of the subsidy child.			

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
E-CHILD CARE PROJECT SYSTEM ARCHITECTURE

DSHS INFORMATION EXCHANGES

Exchange Name	Description of the Exchange	Sending Agency	Receiving Agency	Functionality	Method of Exchange	Sending Prevailing State	Initiating Event	Subsequent Event	Document(s)	Contact Person (People)	Comments
Manage Case Strategy	The authorized worker develops and manages a plan for the subsidy child. This functionality links to Service Integration to ensure other agencies' plans (e.g. food, medical, education), referrals, special needs, and preferences are considered. Both functions work together to form a case strategy.	Professional/Family/Provider	Professional/Family/Provider	Case Strategy Management	Done through WCAP.	Case Workload Management	Need to outline goals and outcomes specific to child care.	Generates task lists and due dates that become part of the Case Workload Management functionality.			
Manage Case Work	The authorized worker tracks, manages, and updates information relating to family data, eligibility determination, the child care plan, parental preferences for providers, special needs, investigations, referrals, service delivery, and client information changes. Management of the work itself is facilitated through task lists and event due dates.	Professional/Family/Provider	Professional	Case Workload Management	Done through WCAP.	Service Integration/Client Notification	Need to monitor case progress.	Notifications may get sent for certain case events.			
Provider Application for License	The provider fills out the license application in order to legally provide child care.	Provider	Professional	Provider Application	License Data: CAMIS > BarCode and CAMIS > STARS / Provider File: CAMIS > SSPS	Provider Licensing/ Common Provider Data Element Management/ Provider ID Management	Need for license.	Licensing	Provider Application		Where does DMS fit?

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
E-CHILD CARE PROJECT SYSTEM ARCHITECTURE

DSHS INFORMATION EXCHANGES

Exchange Name	Description of the Exchange	Sending Agency	Receiving Agency	Functionality	Method of Exchange	Sending Prevailing State	Initiating Event	Subsequent Event	Document(s)	Contact Person (People)	Comments
Gather Provider Data	The authorized worker gathers information about individuals who work for providers: contact information, staff demographics, background check data, positions, credentials, complaints, and training history.	Provider/ Professional	Professional	Common Provider Data Element Management	Does not exist.	Provider ID Management	Need for license.	Data stored in provider file.			
Manage/Update Provider Profile	Can add/edit provider name, billing information, and type.	Provider/ Professional	Professional	Provider ID Management	Provider File: CAMIS > SSPS / Licensing Data: CAMIS > BarCode and CAMIS > STARS	Provider Workload Management	Additions/changes made.	Authorized worker updates file.			
License Provider	The authorized worker tracks and manages information specific to child care facilities: names, addresses, license types, which helps to match services with the specific needs of families and children.	Provider	Professional	Provider Licensing	License Data: CAMIS > LCCIS / Provider File: CAMIS > SSPS	Provider Regulation and Enforcement	Need for license.	Authorized worker enters/updates licensing data.			
Regulate and Enforce Provider	Once the application is completed, processed, and approved, the authorized worker manages all licensing activities here, including: monitoring of visits, complaint investigations, and the reapplication process. The authorized worker can also search and view license regulations so that appropriate regulation gets cited for all actions taken by licensing staff.	Professional	Professional	Provider Regulation and Enforcement	Done through CAMIS.	Provider Workload Management	Monitor provider.	Notifications may get sent for certain events.			

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
E-CHILD CARE PROJECT SYSTEM ARCHITECTURE

DSHS INFORMATION EXCHANGES

Exchange Name	Description of the Exchange	Sending Agency	Receiving Agency	Functionality	Method of Exchange	Sending Prevailing State	Initiating Event	Subsequent Event	Document(s)	Contact Person (People)	Comments
Manage Attendance	The authorized worker tracks, manages, and updates client attendance information and verifies available slots with providers.	Provider	Professional	Attendance Management	Does not exist.	Provider Regulation and Enforcement	Need to track available slots with providers.				
Receive Feedback/ Complaints	The authorized worker receives the complaint and links it to the appropriate person or organization in the system and initiates an investigation.		Professional	Feedback Management/ Complaints	Done through CAMIS.	Provider Regulation and Enforcement/ Common Provider Data Element Management/ Provider Workload Management/Case Workload Management	Feedback/ complaint received.	Investigation initiated.			
Conduct Provider Background Checks	Background checks are performed for persons who are child care providers or associated with them.	Professional	Professional	Provider Background Check	Done through BCCU.	Common Provider Data Element Management		Notification of the right to appeal is sent should a finding of a prohibited person be found.			
Manage Provider Qualifications	The authorized worker can maintain information about child care positions and the required qualifications for it, as well as document the credentials, education, and work experience of individual staff.	Professional/ Provider	Professional	Qualifications Management	Done through STARS.	Common Provider Data Element Management	Provider staff credentials/ education/ training changes.				

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
E-CHILD CARE PROJECT SYSTEM ARCHITECTURE

DSHS INFORMATION EXCHANGES

Exchange Name	Description of the Exchange	Sending Agency	Receiving Agency	Functionality	Method of Exchange	Sending Prevailing State	Initiating Event	Subsequent Event	Document(s)	Contact Person (People)	Comments
Manage Provider Programs	The authorized worker can identify providers who achieve above-standard quality training and accreditation to receive tiered reimbursement, as well as report activities of community outreach programs.	Professional/ Provider	Professional	Quality Program Management	Done through STARS.	Common Provider Data Element Management	Provider accreditation/ training changes.				
Manage Courses	The authorized worker can create and maintain information about approved coursework for child care and early childhood education.	Professional	Professional	Course Management	Done through STARS.	Provider Workload Management	Courses change.				
Manage Provider Work	The authorized worker can view/update all relevant provider information, as well as incidents/complaints, investigations/reviews, background checks, and outcomes.	Professional/ Family/ Provider	Professional	Provider Workload Management	Done through CAMIS.	Service Integration/Client Notification	Need to monitor providers and track licensing activities.	Notifications may get sent for certain events.			
Track the Enrollment of Nonsubsidy Children	The authorized worker obtains enrollment data about children whose care is not covered by DCCEL.		Professional	Nonsubsidized Enrollment	Does not exist.	Provider Workload Management	Need to track available slots with providers.				
Set Rates	The authorized worker can record and update provider rates.	Provider	Professional	Rate Setting	Done through WCAP.	Eligibility Determination/ Provider Payment Management					
Set Policy and Procedures	The authorized worker can access, search, and update policies and procedures.	Professional	Professional	Program Policy and Procedures	Does not exist.	Eligibility Determination/ Provider Payment Management					

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
E-CHILD CARE PROJECT SYSTEM ARCHITECTURE

DSHS INFORMATION EXCHANGES

Exchange Name	Description of the Exchange	Sending Agency	Receiving Agency	Functionality	Method of Exchange	Sending Prevailing State	Initiating Event	Subsequent Event	Document(s)	Contact Person (People)	Comments
Manage Provider Payments	Uses state rates, provider rate agreements, and fund hierarchy in conjunction with other inputs as attendance or agreements to create the payment transaction transmitted for actual payment.	Professional/ System	Provider	Provider Payment Management	Provider File: CAMIS > SSPS		Need to track provider payments.				
Add/Edit/Maintain Accounting Records	Establish and maintain funds and budgets at the beginning of the fiscal year, payment of fees by parents or licensed providers, the receipt of fees, and examine "what if" conditions of change.	Professional/ Family/ Provider	Professional	Accounting	OFR, SSPS, DMS	Accounting	Keep track of all payment transactions.				Not sure how data exchanged among systems.
Conduct Audits and Investigations	Investigate and manage fraudulent or incorrect child care subsidy claims submitted by providers.	Professional	Professional	Audits and Investigations	Payments: SSPS > WCAP	Accounting	Need to investigate fraudulent claims.				
Adjust Payments	Make changes to previous payments involving additional payments and/or recoupments of overpayments.	Professional	Professional	Adjustments/ Collections	Done through OFR.	Accounting	Need to correct accounting errors.				
Manage Contracts	Create and manage contracts with providers.	Professional	Provider	Contract Management	Does not exist.						
Apply for Grants				Grant Application	Does not exist.						
Create Agreements and Contracts				Agreements and Contracts	Does not exist.						

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
E-CHILD CARE PROJECT SYSTEM ARCHITECTURE

DSHS INFORMATION EXCHANGES

Exchange Name	Description of the Exchange	Sending Agency	Receiving Agency	Functionality	Method of Exchange	Sending Prevailing State	Initiating Event	Subsequent Event	Document(s)	Contact Person (People)	Comments
Marketing	Market available products, services, and programs to the general public about child care.	Professional	General Public	Public Outreach	Done through Web site.						
Promotion	Promote DCCEL's image.	Professional	General Public	Public Relations	Done through Web site.						
Create Ad Hoc Reports				Ad Hoc Reports							
Create Mandatory Reports				Mandatory Reports							
Conduct Data Research and Analysis				Data Research and Analysis							

APPENDIX X-A
COSTS AND BENEFITS CALCULATIONS

COSTS AND BENEFITS CALCULATIONS

This appendix describes the project's incremental costs and details how these costs were derived. The DIS cost-benefit forms, which follow this page, are a set of spreadsheets that summarize the costs and benefits of the system implementation. Tables supporting these calculations are presented in APPENDIX X-B.

A. COST-BENEFIT FORMS

The DIS cost-benefit analysis forms included herein are:

- *Form 1 – Summary, Cost Benefit and Cash Flow Analysis.* This form summarizes the costs and benefits of the project under the given option, showing the net cash flows over the life of the system. It also shows the NPV of the system and internal rate of return.
- *Form 2 – Project Detail Cost Flow Analysis.* This form details, by fiscal year, the costs to be incurred over the course of the project for the given option. These costs include personnel, hardware, and software.
- *Form 3 – Summary, Operations Incremental Cost of Project.* This form details, by fiscal year and cumulatively, the costs to be incurred by the project for the ongoing operation of the new system under the given option. The costs represent all ongoing personnel, hardware, and software costs.
- *Form 4 – Current Versus Proposed Method Operations Costs.* This form compares, by fiscal year, the operating costs of the current child care program to those estimated under the new proposed approach to operations.
- *Form 5 – Benefits Cash Flow Analysis.* This form details, by fiscal year and cumulatively, the benefits to be recognized by e-Child Care through implementation of the proposed approach.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT FEASIBILITY STUDY
FORM 1 – SUMMARY, COST BENEFIT AND CASH FLOW ANALYSIS

Form 1/ Summary, Cost Benefit and Cash Flow Analysis

22-Jul-05

Suggested Format

Agency Department of Social and Health Services Project Option e-Child Care System

	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	GRAND TOTAL
TOTAL OUTFLOWS	3,605,468	2,102,624	1,112,424	204,969	210,093	215,345	220,729	226,247	231,903	237,701	8,367,504
TOTAL INFLOWS	0	898,487	1,796,974	1,796,974	1,796,974	1,796,974	1,796,974	1,796,974	1,796,974	1,796,974	15,274,277
NET CASH FLOW	(3,605,468)	(1,204,137)	684,550	1,592,005	1,586,881	1,581,628	1,576,245	1,570,726	1,565,070	1,559,273	
INCREMENTAL NPV	NA	(4,460,022)	(3,889,309)	(2,640,118)	(1,468,194)	(368,857)	662,291	1,629,386	2,536,315	3,386,734	
Cumulative Costs	NA	5,708,092	6,820,516	7,025,485	7,235,578	7,450,923	7,671,653	7,897,900	8,129,803	8,367,504	
Cumulative Benefits	NA	898,487	2,695,461	4,492,434	6,289,408	8,086,382	9,883,356	11,680,329	13,477,303	15,274,277	

Cost of Capital	Breakeven Period – yrs.*		NPV \$	IRR %
	Non-Discounted	Discounted		
6.25%			3,386,734	19.00%

* "Non-Discounted" represents breakeven period for cumulative costs and benefits (no consideration of time value of money).

* "Discounted" considers effect of time value of money through incremental Net Present Value.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT FEASIBILITY STUDY
FORM 2 – PROJECT DETAIL COST FLOW ANALYSIS

Form 2/ Project Detail Cost Flow Analysis

Agency Department of Social and Health Services Project Option e-Child Care System

22-Jul-05

Suggested Format

FISCAL COSTS, PROJECT DEVELOPMENT	OFM Object Codes	DEVELOPMENT PHASES										GRAND TOTAL
		FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	
Salaries and Wages	(A)	469,199	364,933	208,533			0					1,042,665
Employee Benefits	(B)	201,085	156,399	89,371			0					446,855
Personal Service Contracts	(CA)	1,626,750	1,373,700	614,550			0					3,615,000
Communications	(EB)	0	0	0			0					0
Hardware Rent/Lease	(ED)	0	0	0			0					0
Hardware Maintenance	(EE)	0	0	0			0					0
Software Rent/Lease	(ED)	0	0	0			0					0
Software Maintenance and Upgrade	(EE)	0	0	0			0					0
DP Goods/Services	(EL)	0	0	0			0					0
Goods/Services Not Listed	(E)	0	0	0			0					0
Travel	(G)	12,500	12,500	0			0					25,000
Hardware Purchase Capitalized	(JC)	421,500	0	0			0					421,500
Software Purchase Capitalized	(JC)	354,600	0	0			0					354,600
Hardware Purchase – Non. Cap	(KA)	0	0	0			0					0
Software Purchase – Non. Cap	(KA)	0	0	0			0					0
Hardware Lease/Purchase	(P)	0	0	0			0					0
Software Lease/Purchase	(P)	0	0	0			0					0
Interim SSPS Solution	()	329,500	0	0			0					329,500
TOTAL DEVELOPMENT		3,415,134	1,907,532	912,454	0	0	0	0	0	0	0	6,235,120

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT FEASIBILITY STUDY
FORM 3 – SUMMARY, OPERATIONS INCREMENTAL COST OF PROJECT

Form 3/ Summary, Operations Incremental Cost of Project

Agency Department of Social and Health Services Project Option e-Child Care System

22-Jul-05

		FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	GRAND TOTAL
OPERATIONS INCREMENTAL COSTS OF PROJECT (Per Form 4 – Column C)												
Salaries and Wages	(A)	349,978	358,727	367,695	376,888	386,310	395,968	405,867	416,013	426,414	437,074	3,920,933
Employee Benefits	(B)	149,990	153,740	157,584	161,523	165,561	169,700	173,943	178,291	182,749	187,317	1,680,400
Personal Service Contracts	(CA)	30,000	30,750	31,519	32,307	33,114	33,942	34,791	35,661	36,552	37,466	336,101
Communications	(EB)	0	0	0	0	0	0	0	0	0	0	0
Hardware Rent/Lease	(ED)	0	0	0	0	0	0	0	0	0	0	0
Hardware Maintenance	(EE)	192,975	197,799	202,744	207,813	213,008	218,333	223,792	229,387	235,121	240,999	2,161,973
Software Rent/Lease	(ED)	0	0	0	0	0	0	0	0	0	0	0
Software Maintenance and Upgrade	(EE)	25,960	26,609	27,274	27,956	28,655	29,371	30,106	30,858	31,630	32,420	290,840
DP Goods/Services	(EL)	(613,994)	(629,344)	(645,077)	(661,204)	(677,734)	(694,678)	(712,045)	(729,846)	(748,092)	(766,794)	(6,878,809)
Goods/Services Not Listed	(E)	0	0	0	0	0	0	0	0	0	0	0
Travel	(G)	15,000	15,375	15,759	16,153	16,557	16,971	17,395	17,830	18,276	18,733	168,051
Hardware Purchase Capitalized	(JC)	0	0	0	0	0	0	0	0	0	0	0
Software Purchase Capitalized	(JC)	0	0	0	0	0	0	0	0	0	0	0
Hardware Purchase – Non. Cap	(KA)	0	0	0	0	0	0	0	0	0	0	0
Software Purchase – Non. Cap	(KA)	0	0	0	0	0	0	0	0	0	0	0
Hardware Lease/Purchase	(P)	0	0	0	0	0	0	0	0	0	0	0
Software Lease/Purchase	(P)	0	0	0	0	0	0	0	0	0	0	0
Other (specify)	()	40,425	41,436	42,472	43,533	44,622	45,737	46,881	48,053	49,254	50,485	452,897
TOTAL OPERATIONS		190,334	195,092	199,970	204,969	210,093	215,345	220,729	226,247	231,903	237,701	2,132,384
TOTAL OUTFLOWS		3,605,468	2,102,624	1,112,424	204,969	210,093	215,345	220,729	226,247	231,903	237,701	8,367,504
CUMULATIVE COSTS			5,708,092	6,820,516	7,025,485	7,235,578	7,450,923	7,671,653	7,897,900	8,129,803	8,367,504	

(1) Total Outflows equal the sum of Fiscal Total Operations and Total Development from Form2.

(2) Total Outflows carried to Form1.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT FEASIBILITY STUDY
FORM 4 – CURRENT VERSUS PROPOSED METHOD OPERATIONS COSTS

Form 4/ Current Versus Proposed Method Operations Costs

Agency Department of Social and Health Services

Project Option

e-Child Care System

22-Jul-05

		FY 2007			FY 2008			FY 2009			FY 2010			FY 2011		
		(a)	(b)	(c) = (b)-(a)	(a)	(b)	(c) = (b)-(a)	(a)	(b)	(c) = (b)-(a)	(a)	(b)	(c) = (b)-(a)	(a)	(b)	(c) = (b)-(a)
Obj. Code		Current	Project	Incremental Effect of Project (to summary)	Current	Project	Incremental Effect of Project (to summary)	Current	Project	Incremental Effect of Project (to summary)	Current	Project	Incremental Effect of Project (to summary)	Current	Project	Incremental Effect of Project (to summary)
OPERATIONS COSTS																
Salaries and Wages	(A)	73,382	423,360	349,978	75,217	433,944	358,727	77,097	444,793	367,695	79,025	455,912	376,888	81,000	467,310	386,310
Employee Benefits	(B)	31,450	181,440	149,990	32,236	185,976	153,740	33,042	190,625	157,584	33,868	195,391	161,523	34,714	200,276	165,561
Personal Service Contracts	(CA)		30,000	30,000	0	30,750	30,750	0	31,519	31,519	0	32,307	32,307	0	33,114	33,114
Communications	(EB)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hardware Rent/Lease	(ED)			0	0	0	0	0	0	0	0	0	0	0	0	0
Hardware Maintenance	(EE)	3,000	195,975	192,975	3,075	200,874	197,799	3,152	205,896	202,744	3,231	211,044	207,813	3,311	216,320	213,008
Software Rent/Lease	(ED)			0	0	0	0	0	0	0	0	0	0	0	0	0
Software Maintenance & Upgrade	(EE)	13,500	39,460	25,960	13,838	40,447	26,609	14,183	41,458	27,274	14,538	42,494	27,956	14,901	43,556	28,655
DP Goods/Services	(EL)	613,994		(613,994)	629,344	0	(629,344)	645,077	0	(645,077)	661,204	0	(661,204)	677,734	0	(677,734)
Goods/Services Not Listed	(E)			0	0	0	0	0	0	0	0	0	0	0	0	0
Travel	(G)		15,000	15,000	0	15,375	15,375	0	15,759	15,759	0	16,153	16,153	0	16,557	16,557
Hardware Purchase Capitalized	(JC)			0	0	0	0	0	0	0	0	0	0	0	0	0
Software Purchase Capitalized	(JC)			0	0	0	0	0	0	0	0	0	0	0	0	0
Hardware Purchase - Non. Cap	(KA)			0	0	0	0	0	0	0	0	0	0	0	0	0
Software Purchase - Non. Cap	(KA)			0	0	0	0	0	0	0	0	0	0	0	0	0
Hardware Lease/Purchase	(P)			0	0	0	0	0	0	0	0	0	0	0	0	0
Software Lease/Purchase	(P)			0	0	0	0	0	0	0	0	0	0	0	0	0
Other (specify) FTE costs (print/supplies/ect)	()	8,085	48,510	40,425	8,287	49,723	41,436	8,494	50,966	42,472	8,707	52,240	43,533	8,924	53,546	44,622
TOTAL OPERATION COSTS		743,411	933,745	190,334	761,996	957,089	195,092	781,046	981,016	199,970	800,572	1,005,541	204,969	820,587	1,030,680	210,093
FTE				0			0				0		0			0

		FY 2012			FY 2013			FY 2014			FY 2015			FY 2016		
		(a)	(b)	(c) = (b)-(a)	(a)	(b)	(c) = (b)-(a)	(a)	(b)	(c) = (b)-(a)	(a)	(b)	(c) = (b)-(a)	(a)	(b)	(c) = (b)-(a)
Obj. Code		Current	Project	Incremental Effect of Project (to summary)	Current	Project	Incremental Effect of Project (to summary)	Current	Project	Incremental Effect of Project (to summary)	Current	Project	Incremental Effect of Project (to summary)	Current	Project	Incremental Effect of Project (to summary)
OPERATIONS COSTS																
Salaries and Wages	(A)	83,025	478,993	395,968	85,101	490,968	405,867	87,229	503,242	416,013	89,409	515,823	426,414	91,645	528,719	437,074
Employee Benefits	(B)	35,582	205,283	169,700	36,472	210,415	173,943	37,384	215,675	178,291	38,318	221,067	182,749	39,276	226,594	187,317
Personal Service Contracts	(CA)	0	33,942	33,942	0	34,791	34,791	0	35,661	35,661	0	36,552	36,552	0	37,466	37,466
Communications	(EB)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hardware Rent/Lease	(ED)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hardware Maintenance	(EE)	3,394	221,728	218,333	3,479	227,271	223,792	3,566	232,953	229,387	3,655	238,777	235,121	3,747	244,746	240,999
Software Rent/Lease	(ED)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Software Maintenance & Upgrade	(EE)	15,274	44,645	29,371	15,656	45,762	30,106	16,047	46,906	30,858	16,448	48,078	31,630	16,860	49,280	32,420
DIS Goods/Services	(EL)	694,678	0	(694,678)	712,045	0	(712,045)	729,846	0	(729,846)	748,092	0	(748,092)	766,794	0	(766,794)
Goods/Services Not Listed	(E)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Travel	(G)	0	16,971	16,971	0	17,395	17,395	0	17,830	17,830	0	18,276	18,276	0	18,733	18,733
Hardware Purchase Capitalized	(JC)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Software Purchase Capitalized	(JC)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hardware Purchase - Non. Cap	(KA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Software Purchase - Non. Cap	(KA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hardware Lease/Purchase	(P)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Software Lease/Purchase	(P)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other (specify)	()	9,147	54,885	45,737	9,376	56,257	46,881	9,611	57,663	48,053	9,851	59,105	49,254	10,097	60,582	50,485
TOTAL OPERATION COSTS		841,101	1,056,447	215,345	862,129	1,082,858	220,729	883,682	1,109,929	226,247	905,774	1,137,678	231,903	928,418	1,166,120	237,701
FTE				0			0			0			0			0

(1) FY__ Column (c) for each Cost Code carried to Form 3.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT FEASIBILITY STUDY
FORM 5 – BENEFITS CASH FLOW ANALYSIS

Form 5/ Benefits Cash Flow Analysis 22-Jul-05 Suggested Format		Agency <u>Department of Social and Health Services</u>						Project Option <u>e-Child Care System</u>				
TANGIBLE BENEFITS	OFM Object Codes	FY 2007	FY 2008	FY 2009	BENEFITS FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	TOTAL
Hard \$												
Revenues (specify)	(revenue codes)	0	0	0	0	0	0	0	0	0	0	0
												0
												0
												0
Reimbursements (specify)	(object codes)	0	0	0	0	0	0	0	0	0	0	0
												0
												0
												0
Cost Reduction (specify)	(object codes)	0	898,487	1,796,974	1,796,974	1,796,974	1,796,974	1,796,974	1,796,974	1,796,974	1,796,974	15,274,277
												0
												0
												0
Other (specify)	(object codes)	0	0	0	0	0	0	0	0	0	0	0
												0
												0
Soft \$												
Cost Avoidance (specify)	(object codes)	0	0	0	0	0	0	0	0	0	0	0
												0
												0
												0
Other (specify)	(object codes)	0	0	0	0	0	0	0	0	0	0	0
												0
												0
												0
TOTAL INFLOWS		0	898,487	1,796,974	1,796,974	1,796,974	1,796,974	1,796,974	1,796,974	1,796,974	1,796,974	15,274,277
CUMULATIVE BENEFITS			898,487	2,695,461	4,492,434	6,289,408	8,086,382	9,883,356	11,680,329	13,477,303	15,274,277	

(1) Reflect all Cost Reduction Benefits except Operations reductions (which are reflected in Cost of Operations).
(2) Total Inflows carries to Form1.

APPENDIX X-B
FINANCIAL ANALYSIS SUPPORT

FINANCIAL ANALYSIS SUPPORT

Additional support for the cost-benefit forms is presented in this appendix. The cost model for the solution is included and defines the cost categories, unit prices, units, onetime costs, and annual costs associated with the solution. Also, this appendix presents the current and proposed operations costs, with a 2.5 percent inflation factor applied to each cost over the 10-year period.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT FEASIBILITY STUDY

ALTERNATIVE COST MODEL – STATE RESOURCES

	Unit	Proposed Alternative Estimated Costs			Assumptions
	Unit Price	Units	Onetime Cost (7/1/2006 to 12/1/2008)	Ongoing Maintenance Cost	
Salaries and Benefits ¹					
ITD Manager	\$40	-	\$ -	\$ 80,640	1.0 FTE ongoing.
Project Office Manager	\$30	5,000	150,000	-	
Communications Manager	\$40	5,000	200,000	-	
Business Analyst Lead	\$40	5,000	200,000		
Business Analysts (3)	\$30	8,064	241,920	30,240	0.5 FTEs ongoing.
System Architect	\$40	4,000	160,000	40,320	0.5 FTEs ongoing.
Technical Lead	\$40	3,024	120,960	40,320	0.5 FTEs ongoing.
Change Manager	\$30	2,016	60,480	30,240	0.5 FTEs ongoing.
Training Manager	\$30	2,016	60,480	30,240	0.5 FTEs ongoing.
Testing Manager	\$40	2,352	94,080	30,240	0.5 tester FTEs ongoing at \$30 hr.
Implementation Manager	\$40	4,032	161,280	-	
ITD Help Desk	\$20	2,016	40,320	80,640	2.0 FTEs ongoing.
Development Staff	\$40	-	-	241,920	3.0 FTEs ongoing development.
Total Salaries and Benefits²		42,520	\$ 1,489,520	\$ 604,800	

TOTAL ALTERNATIVE ONETIME COST

\$ 1,489,520

ANNUAL ONGOING COSTS

\$ 604,800 Total of 9.0 FTEs Ongoing

¹ Washington project staff salaries were converted into hourly rates. Benefits were included at approximately 30% of the projected salaries.

² Total salaries and benefits are not applied to the total ongoing annual costs, as they are already encumbered.

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT FEASIBILITY STUDY

ALTERNATIVE COST MODEL – VENDOR COSTS

	Unit	Proposed Alternative Estimated Costs			Assumptions
	Unit Price	Units	Onetime Cost	Ongoing Maintenance Cost	
Professional Services (onetime)					
Implementation Quality Assurance	\$150	4,500	\$ 675,000	\$ -	
Vendor Project Management	\$160	4,500	720,000	-	
Documentation and Training (annual ongoing)	\$100	2,500	250,000	-	
Configuration Manager	\$120	1,000	120,000	-	
System Programmer/Analysts	\$105	6,000	630,000	-	
Database Administrator	\$110	2,000	220,000	-	
System Programmer/Analysts (new system)	\$100	7,000	700,000	-	
Database Administrator (new system)	\$100	3,000	300,000	-	
Other (annual ongoing)	\$100	300	-	30,000	
Total Professional Services		30,800	\$ 3,615,000	\$ 30,000	
Hardware					
Server (purchase and installation)	\$50,000	1	\$ 50,000	\$ -	
Server (annual ongoing)	\$12,500	1	-	12,500	Factor 25% maint. for 4-year replacement.
Workstations (purchase and installation)	\$ -	0	-	-	
Workstations (annual ongoing)	\$ -	0	-	-	
Disk Storage (purchase and installation)	\$2,000	2	4,000	-	
Disk Storage (annual ongoing)	\$500	2	-	1,000	Factor 25% maint. for 4-year replacement.
Tablet PCs for Licensors	\$3,000	120	360,000	180,000	Factor 50% maint. for 2-year replacement.
Other Hardware (purchase and installation)	\$7,500	1	7,500	-	
Other Hardware (annual ongoing)	\$2,475	1	-	2,475	Factor 33% for 3-year replacement.
Total Hardware			\$ 421,500	\$ 195,975	

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT FEASIBILITY STUDY

ALTERNATIVE COST MODEL – VENDOR COSTS

	Unit	Proposed Alternative Estimated Costs			Assumptions
	Unit Price	Units	Onetime Cost	Ongoing Maintenance Cost	
Software					
Operating System (licensing and configuration)	\$300	2	\$ 600	\$ -	
Operating System (annual ongoing)	\$30	2	-	60	Used 10% maint. costs.
Database Management System (licensing and configuration)	\$40,000	1	40,000	-	
Database Management System (annual ongoing)	\$4,000	2	-	8,000	Used 10% maint. costs.
Software Development Tools (licensing and configuration)	\$300,000	1	300,000	-	
Software Development Tools (annual ongoing)	\$30,000	1	-	30,000	Used 10% maint. costs.
Utilities (licensing and configuration)	\$10,000	1	10,000	-	
Utilities (annual ongoing)	\$1,000	1	-	1,000	Used 10% maint. costs.
Communications Software (licensing and configuration)	\$2,000	1	2,000	-	
Communications Software (annual ongoing)	\$200	1	-	200	Used 10% maint. costs.
Other Software (licensing and configuration)	\$2,000	1	2,000	-	
Other Software (annual ongoing)	\$200	1	-	200	Used 10% maint. costs.
Total Software			\$ 354,600	\$ 39,460	
SSPS Interim Payment Solution			\$ 329,500		
Travel			\$ 25,000	\$ 15,000	

TOTAL ALTERNATIVE ONETIME COST

\$ 4,416,100

ANNUAL ONGOING COSTS

\$ 280,435

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
E-CHILD CARE PROJECT FEASIBILITY STUDY

CURRENT AND PROPOSED OPERATIONS COSTS

Inflation Rate	1.025
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	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
<i>Current</i>								
DP Goods/Services	\$613,994	\$629,344	\$645,077	\$661,204	\$677,734	\$694,678	\$712,045	\$729,846
IS Staff								
Salary	\$73,382	\$75,217	\$77,097	\$79,024	\$81,000	\$83,025	\$85,101	\$87,228
Benefits	\$31,450	\$32,236	\$33,042	\$33,868	\$34,715	\$35,583	\$36,472	\$37,384
Personal Service Contracts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hardware Maintenance	\$3,000	\$3,075	\$3,152	\$3,231	\$3,311	\$3,394	\$3,479	\$3,566
Software Maintenance/Upgrade	\$13,500	\$13,838	\$14,183	\$14,538	\$14,901	\$15,274	\$15,656	\$16,047
<i>Project</i>								
IS Staff								
Salary	\$190,512	\$195,275	\$200,157	\$205,161	\$210,290	\$215,547	\$220,936	\$226,459
Benefits	\$81,648	\$83,689	\$85,781	\$87,926	\$90,124	\$92,377	\$94,687	\$97,054
Personal Service Contracts	\$30,000	\$30,750	\$31,519	\$32,307	\$33,114	\$33,942	\$34,791	\$35,661
Travel	\$15,000	\$15,375	\$15,759	\$16,153	\$16,557	\$16,971	\$17,395	\$17,830
Hardware Maintenance	\$12,000	\$12,300	\$12,608	\$12,923	\$13,246	\$13,577	\$13,916	\$14,264
Software Maintenance/Upgrade	\$13,920	\$14,268	\$14,625	\$14,990	\$15,365	\$15,749	\$16,143	\$16,547

WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
e-CHILD CARE PROJECT

ALTERNATIVE COST MODEL – TOTALS

	Hybrid Solution Cost	
	Onetime Cost	Ongoing Maintenance Costs
Vendor Estimated Costs	\$ 4,416,100	\$ 280,435
State Estimated Costs	1,819,020	604,800
TOTAL ALTERNATIVE ONETIME COST	\$ 6,235,120	
ANNUAL ONGOING COSTS		\$ 885,235

	Onetime Cost for State	Onetime Cost From Vender	Total per Fiscal Year
Phase 1 - Fiscal Year 2007-2008 ¹	\$ 999,784	\$ 1,987,245	\$ 2,987,029
Phase 2 - Fiscal Year 2008 to 2009	521,332	1,545,635	2,066,967
Phase 3 - Fiscal Year 2009 to 2010	297,904	883,220	1,181,124
	\$ 1,819,020	\$ 4,416,100	\$ 6,235,120

¹ Phase costs were calculated as a percentage of total cost based on estimated level of effort per phase..

APPENDIX X-C
TANGIBLE BENEFITS CALCULATION AND METHODOLOGY

TANGIBLE BENEFITS CALCULATION AND METHODOLOGY

This appendix provides the calculation and methodology used to derive tangible benefits and identify potential fiscal savings resulting from a new e-Child Care system.

A. ASSUMPTIONS

- Based on child care duplicate payment audits, there are overpayments resulting from duplicate payments for child care services.
- The implementation of a new e-Child Care system would eliminate overpayments resulting from duplicate payments for child care services.

B. DATA SOURCE

To gather information about duplicate payments, the SSPS Report SPS40N51 run on November 5, 2004, was used for all reporting units that contained records for the reporting period of May 3 to October 29, 2004. The definition of Report SPS40N51 can be found at:

<http://asd.dshs.wa.gov/SSPS/documents/COLD/Reports/PDF/SPS40N51.pdf>

This report, for each reporting unit, contains a record for every payment made for an individual child over the last 6 months where the payment hours total more than 230 hours for any single month and there was a payment made within the last 3 months.

C. METHODOLOGY

- All records from Report SPS40N51 for all reporting units were combined and queried to calculate for each month, for each individual, how many hours over 230 were paid. That amount was totaled for each month. This produced the Hours Over Allowed in the table below.
- From all records, a total number of payment hours and total amount paid were calculated to produce an Average Hourly Rate for this population of child care payments.
- The last 3 months of Hours Over Allowed were calculated monthly against the Average Hourly Rate to produce the Monthly Overpayment for each month resulting from these duplicate payments.
- The Monthly Overpayment amount for each of the last 3 months was averaged to produce an Average Monthly Overpayment amount.

- The Average Monthly Overpayment amount was multiplied by 12 to produce the Annual Overpayment Amount.

D. CALCULATION RESULTS

1.	Hours Over Allowed	<table><tr><td>Payment Month</td><td colspan="2">Total Hours Over Allowed</td></tr><tr><td>8</td><td colspan="2">119,716</td></tr><tr><td>9</td><td colspan="2">114,469</td></tr><tr><td>10</td><td colspan="2">84,415</td></tr></table>			Payment Month	Total Hours Over Allowed		8	119,716		9	114,469		10	84,415	
Payment Month	Total Hours Over Allowed															
8	119,716															
9	114,469															
10	84,415															
2.	Average Hourly Rate	<table><tr><td>Total Payment Hours</td><td>Total Payment Amount</td><td>Average Hourly Rate</td></tr><tr><td>1,874,527</td><td>\$3,524,248</td><td>\$1.88</td></tr></table>			Total Payment Hours	Total Payment Amount	Average Hourly Rate	1,874,527	\$3,524,248	\$1.88						
Total Payment Hours	Total Payment Amount	Average Hourly Rate														
1,874,527	\$3,524,248	\$1.88														
3.	Monthly Overpayment	<table><tr><td>Payment Month</td><td>Total Hours Over Allowed</td><td>Monthly Overpayment</td></tr><tr><td>8</td><td>119,716</td><td>\$225,075</td></tr><tr><td>9</td><td>114,469</td><td>\$215,210</td></tr><tr><td>10</td><td>84,415</td><td>\$158,706</td></tr></table>			Payment Month	Total Hours Over Allowed	Monthly Overpayment	8	119,716	\$225,075	9	114,469	\$215,210	10	84,415	\$158,706
Payment Month	Total Hours Over Allowed	Monthly Overpayment														
8	119,716	\$225,075														
9	114,469	\$215,210														
10	84,415	\$158,706														
4.	Average Monthly Overpayment	\$199,664														
5.	Annual Overpayment Amount	\$2,395,965														